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It is with much satisfaction and pride that we announce a series of original contributions to *THE AMERICAN JOURNAL OF CLINICAL MEDICINE* from a number of the leaders of medical thought in France. One of the first of these articles, dealing with electro-coagulation in surgery of the urinary organs, by Professor Georges Luys, of Paris, will appear in the August issue.

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AND TO THE SAFEGUARDING OF THE DOCTOR

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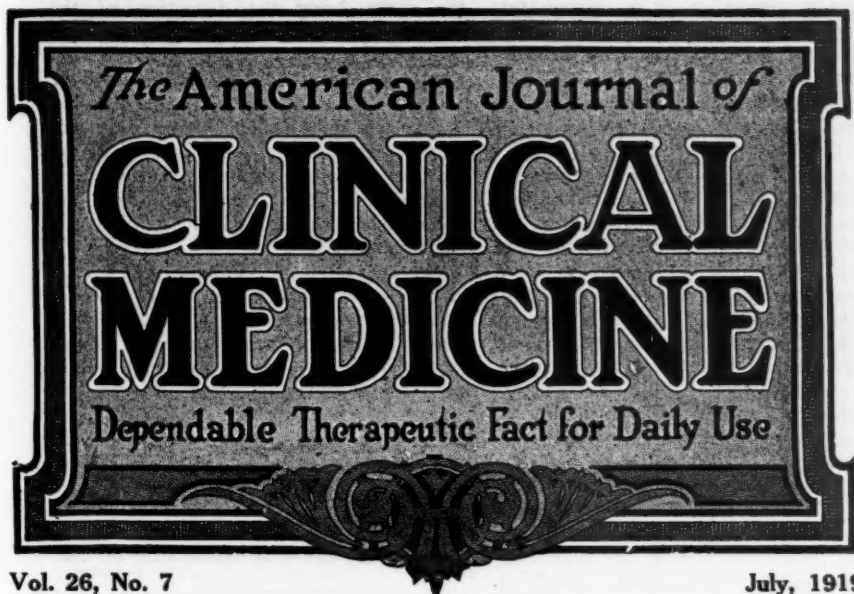
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The Local Treatment of Erysipelas

SINCE the causal importance of the streptococcus for the occurrence of erysipelas has been determined, the treatment of this infectious disease has become more definite. Particularly, attempts have been made to shorten the course of the malady possibly through immunization by means of antistreptococcus-serum, prepared as, for instance, by Marmorek.

In earlier times, the treatment of erysipelas was entirely empirical, being limited largely to local applications and for which a multiplicity of remedies were being employed. Alcohol, oil of turpentine, mercuric chloride, carbolic acid, creolin, iodine, iodoform, camphor, and various other drugs belonging to the group of antiseptics, have found favor with different observers, while, of modern remedies, ichthyol appears to hold the first place.

Forchheimer points out that, unless the medicament—whichever it be—is applied in a very definite manner, its action depends entirely upon chance, and, because of this, he explains the great number of remedies recommended and also the thera-

peutic nihilism still prevailing to a certain degree with respect to the effectiveness of the local treatment of erysipelas. The principal methods described by Forchheimer are as follows:

The inclusion-method, which is valuable in those localities (the extremities and trunk) in which it can readily be applied. In addition to inclusion, a certain amount of pressure is necessary, this sometimes being secured by means of adhesive plaster, while other authors have used collodion, with success.

In the direct treatment of the entire infected area, numerous incisions are made into the skin, about one inch long, but, without causing much bleeding. The whole infected area then is massaged, thus forcing the fluid out of the lymphatics, after which a 60-percent-ichthyol salve (in lanolin) is rubbed in, then covering with more of the same salve. Instead of ichthyol, a 1-percent solution of mercuric chloride has been recommended.

In view of the favor with which the local application of tincture of iodine was

received, as a local antiseptic of superior penetrating properties, it is strange that this agent has not been utilized more largely in the local treatment of erysipelas. In his "Analytic Cyclopaedia of Practical Medicine" (1918, vol. 4), Sajous does not even mention tincture of iodine, while C. B. Ker ("Infectious Diseases", 1909, p. 445) declares that it is not of the slightest use. R. W. Wilcox ("Treatment of Diseases", 1911) omits iodine from the list of the remedies recommended, considering Credé's ointment of soluble silver, the most effectual remedy. In addition to this, he mentions the saturated aqueous solution of magnesium sulphate and an ointment of ichthylol, either alone or together with phenol.

In this connection, it is of interest to mention a communication, by two French army-surgeons, to *Le Monde Médical* for April, in which they refer to some work done by Walther and Touraine, concerning the disinfection of the skin with tincture of iodine. In accordance with certain theoretical considerations, which it hardly is necessary to repeat here, it is quite logical to suppose that whenever tincture of iodine of suitable strength, is applied to the skin in sufficient amount and at sufficiently short intervals, the development of the streptococcus is likely to be hindered or even arrested, so that the erysipelas-process may be expected to cease to spread.

Experience has confirmed this *a priori* view in a very encouraging manner, since, out of 9 cases of surgical erysipelas treated by the French surgeons referred to, 6 ended in complete recovery, although some of them were very severe and had resisted all the customary methods of treatment.

The authors use the tincture of the French codex, "once diluted," which means a dilution of 1:20.

This tincture is applied, not merely to the erysipelatous patch, but, *far beyond* it on the healthy skin. Only one coat of the tincture is applied; but, the painting is repeated three times during the first twenty-four hours and is continued for several days, if need be. Between applications, the lesion is covered with a dry aseptic dressing.

Within a few hours after the first application, there was observed a marked

relief of the pain that usually is present, the cause being the distention of the meshes of connective tissue, especially in the raised margins. This raised margin soon subsides. Indeed, after the third or fourth painting, the extension of the lesion is arrested, the glandular enlargement and sensitiveness disappear, the fever falls, by lysis, in the course of two or three days. Delirium, insomnia, restlessness subside, and copious diuresis marks the entrance of convalescence.

The authors refer to the experience of the surgical service in Val-de-Grâce, where, among face-wounds, there are numerous cases of surgical erysipelas. However, thanks to repeated extensive painting with tincture of iodine, no case of contact-infection has been witnessed.

The authors add that no injurious effects have been observed after the use of tincture of iodine of a strength of 1 in 20.

Choose such pleasures as recreate much and cost little.
—Fuller.

THE ANTIVIVISECTIONISTS

At a recent meeting of the Chicago Medical Society, a paper was read by Doctor Albert H. Burr, entitled "The World's Great Debt to Vivisection", the same calling attention to the danger threatening scientific research because of the increased activity of the antivivisectionists. With that strange obsession spreading more and more among a certain class of minds, it behooves the medical profession to take active measures to present to the general public the facts in their true light. Unfortunately, many persons have been led to listen to and to countenance the propaganda of the "antis", because they have heard only one side of the matter, and that a tissue of falsehoods and misrepresentations.

Last year, with the war going on and millions of our young men in the army, these blinded apostles of prejudice instituted a suit in equity in Washington, D. C., to restrain the Red Cross Society from appropriating \$100,000 for laboratory-research work in France, for the benefit of our troops at the front.

That sane people could be found to do such a thing seems almost incredible; nevertheless, it is true. There never has

been a war in the world's history in which so small a proportion of the soldiers suffered from disease and so large a proportion of the wounded recovered as in the one just concluded. And, this remarkable record we owe to the knowledge gained through vivisection. We only have to enumerate the list of diseases that have been either wholly or in part robbed of their terrors, in order to realize the amazing absurdity of this "anti" propaganda. Even if vivisection had accomplished no more than the control of tetanus, typhoid fever, typhus, and diphtheria, the result would be well worth all the suffering it may have inflicted upon a few animals; while, besides, we must not overlook the enormous benefits incidentally accrued to the animals, themselves, through the better control gained over the diseases to which they are subject.

There is no stranger problem in psychology than the mental attitude of these "antis". Their utter indifference to facts regarding the control of disease is not more astonishing than is their entire inconsistency regarding cruelty to animals when their own pleasure or profit is concerned. The cruelties inherent in the meat-trade and in the fur-trade involve a thousand times more suffering to animals than does all the vivisection of modern times; and, yet, we do not find these tender-hearted people refusing to eat meat or to wear furs.

Doctor Burr very pointedly says: "In the morning, my lady takes her pleasure-ride on a gaited gelding; she regales her guests at dinner with a toothsome capon; and, decked in Persian-lamb skin and aigrette-plumes at the evening lecture, she grows righteously indignant at the inhumanities of the medical vivisectionist. 'Tis passing strange, indeed, that pain inflicted by man upon animals for the purpose of pleasing his palate or fattening his purse suddenly becomes a barbarous crime in the vivisection-laboratories of the most humane of all professions, when employed for the cure, relief or prevention of human ills. In the parlance of the street, 'Can you beat it?'"

There are three things which the organized forces of medicine should do at once and continue to do: (1) Educate the public; (2) fight vicious legislation; and (3) put vivisection under strict control. Of course, much has been done

already. The American Medical Association has issued a series of pamphlets that cover the ground very satisfactory. Still, the main thing is, to get them into the hands of the people. And, we must realize that educating the public is a slow process and that our efforts never must cease.

We need the cooperation of the newspapers and magazines to the extent that this can be obtained; we also need the help of the family-physician. The latter holds in his hands a great deal of influence, if only he can be brought to see the importance of using it. Every time that he treats a patient whose case today is better understood because of the aid of vivisection, the doctor is provided with a text and with an audience; an audience, too, prejudiced in his favor, as a rule, and ready to listen to the facts. If every doctor were to improve his opportunities in this respect, the aggregate results would be enormous.

However, it is in the matter of control that we have exposed our weak spot to the enemy. It is here that we have been remiss and have unwittingly placed weapons into the enemy's hands, by not properly controlling the practice of vivisection and thus permitting abuses to creep in. The present writer has seen things done in medical colleges that ought to arouse the indignation of any humane person. The haphazard vivisection carried on by irresponsible students should be absolutely abolished. It is of no educational value, and it is the chief avenue through which the "antis" get most of their ammunition. It is a fact well known to the population living in the vicinity of medical colleges that pet dogs and cats are not safe for a moment out of the owners' sight, these animals being picked up by the students for the purpose of vivisection. Perhaps, in one sense, these captures are not a great loss to the community, but, the important side of the matter is, that it creates and fosters in the public mind a prejudice against vivisection. People who have been angered by the loss of their pets are in a frame of mind to believe and spread the wildest and most extravagant tales about the horrors of vivisection. It is this vivisection by irresponsible students that constitutes the main source of the stories of horror that are the stock in trade of the professional "anti", because nowhere else

does the matter come home to the public so directly and vividly.

Even vivisection by one of the professors before a class may well be criticized, on the ground that only a small number of students are near enough to see anything of value, while all the valuable facts can be presented just as efficiently in other ways. We do not think it necessary to bring a cow into the amphitheater, in order to teach students the manner in which Jenner discovered vaccination.

It is a sound principle in education that students can not all be pioneers, but, that the vast majority must get their knowledge from the work of a few pioneers. Cutting out vivisection in medical colleges and limiting it to the great laboratories with trained investigators, would go far toward abating public prejudice that has been sedulously fostered by ill-informed persons.

So far as control is concerned, it should be similar to that exercised over medical education, in general, a control backed by legal enactment, although exercised by the profession itself. Of course, the "antis" want a control exercised by themselves, which simply would mean strangulation. The medical profession has demonstrated that it can control medical education in such a manner that the public interest does not suffer, in fact, is vastly benefited. There is no reason why a similar control of vivisection could not operate to the advantage of both, the profession and the public.

He that would have the perfection of pleasure must be moderate in the use of it.

—Benjamin Whichcote.

"THE ROAD TO HEALTH"

"The while the war was claiming its thousands of lives on the European battlefields, hundreds of thousands of lives were lost right here at home because of preventable diseases. The war is over. We have won the fight for Democracy. However, we have yet to win the fight against this more insidious, more permanent, and, in the aggregate, more direct foe of mankind—disease."

The foregoing paragraph introduces a popular health-leaflet entitled, "The Road to Health," recently issued by the United States Public Health Service. It deals with prevention of sickness and correction of physical defects, discusses rules of hy-

giene, and it contains some excellent suggestions and advice in concise form.

This pamphlet may be obtained for the asking by addressing the United States Public Health Service, Washington, D. C.

THE PHARMACOPEIAL CONVENTION

Dr. Harvey W. Wiley, president of the Pharmacopeial Convention, has issued a call to all competent and designated bodies and authorities to name, and issue credentials to, the fixed number of delegates to the tenth decennial convention for revising the U. S. P. to meet in Washington, D. C., on the second Tuesday of May, 1920.

The year 1920 will complete the first century of the birth of the United States Pharmacopeia, and it is fitting that the convention for the tenth revision of this important codex take place in that year.

Before the first issue (in 1820) of the Pharmacopeia of the United States of America was brought out, "by the authority of the medical societies and authorities", there had appeared, in 1808, "The Pharmacopœia of the Massachusetts Medical Society", which was published in Boston by E. and J. Larkin. After this original edition of the Pharmacopeia, revisions appeared as follows: The second edition, published in 1828, "by the authority of the medical societies and colleges"; the third edition in 1831, "by the authority of the National Medical Convention"; the fourth edition, in 1851, "by the authority of the National Medical Convention"; "The Fifth Decennial Revision" appeared in 1882, "by the authority of the National Convention for Revising the Pharmacopeia, held at Washington, D. C., A. D. 1870." The Sixth Decennial Revision was issued in 1883, the National Convention having been held in 1880. The Seventh Decennial Revision appeared in 1893, also three years after the convention met. The eighth Decennial Revision was published in 1905, five years after the meeting of the U. S. Pharmacopeial Convention; and the Ninth Decennial Revision was published in 1916, in conformity with the decisions of the Pharmacopeial Convention which had been held in 1910.

It may be of interest to mention that CLINICAL MEDICINE contains in its library a complete set of all these editions of the

Pharmacopeias, beginning with the one compiled by the Massachusetts Medical Society in 1808. The work of the forthcoming convention, which is to result in a tenth revision of this medical formulary, will be looked forward to with much interest, not only by pharmacists, but, also by physicians.

There is a pleasure in the pathless woods,
There is a rapture on the lonely shore,
There is society where none intrudes
By the deep Sea, and music in its roar.
—Byron.

ANENT MEDICAL BUSINESS EFFICIENCY

1126 *Fisher*
A few months ago, Dr. G. Sherman Peterkin, of Seattle, Washington, published a pamphlet on the subject of ethical economics versus medical ethics, or, efficiency in medical practice. In this pamphlet, the author describes the business-methods practiced in his office which really, perhaps, should be called an institution, and one in which a tremendous amount of most excellent special work is being accomplished. The methods outlined in this description are the extreme of efficiency. The *diseases* coming under observation are treated in a really scientific and efficient manner, while the business-side of the work is conducted along strict lines in accordance with definite rules. Indeed, there is nothing slipshod, nothing neglectful about the management; there is no forgetting of anything.

Upon entering the office of Doctor Peterkin, the patient is questioned as to name and other particulars, and then is given a serial number, and by this number he is known in the future. He is treated strictly in accordance with his physical ailments, which are determined in a highly scientific and satisfactory manner. The library, laboratory, treating-appliances, all are theoretically up to date. Indeed the library is so exclusively modern that literature four years old is eliminated from year to year. One feels that the Doctor always is just about one month ahead of the times, and tries to keep there.

Incidentally, the "cases" are looked up as to financial resources and responsibility; while, so far as the business-efficiency is concerned, one is treated to a beautiful exhibition of that. Services, payments, everything is recorded in perfectly just and proper figures. If any payment is missed

and may have to be charged off, proper credit-memoranda are entered, and the patient's signature acknowledging indebtedness is secured. Every possible precaution is taken to conduct the *business* efficiently.

It is all very beautiful, scientific, and business-like; in fact, efficiency stares you in the face from every page, from every illustration, from every paragraph. Nevertheless, I'll be damned if I want to be treated by that man. Supposing he does handle his *cases* scientifically and efficiently. what about the *patients*? Supposing he is a highly accomplished and capable urologist and medical man, is he a *physician*? I question whether—no, I deny that medical practice can, in the long run, be conducted with a sole eye to efficiency and with everything human excluded, with the personal factor eliminated, with the "cases" considered merely as aggregations of organs, some of which are out of whack and needing tinkering, or plumbing, or sewing, or vibrating, or electrocuting, or some other damned manipulation.

Our patients are not just mechanical or chemical organisms out of gear that must be put into running order again. They are humans, whose physical makeup is disturbed, but, whose mentality invariably has suffered as well and requires attention that can not be expressed in so many hours of energy, so much effort spent in physical or drug-treatment; nor can the services be evaluated correctly in dollars and cents. I grant that Peterkin may be a very prominent member of the medical fraternity. I consider that he may be a very scientific doctor of medicine; yet, may a kind fate preserve me from ever falling into his hands or of those of his kind. Selah!

Now, I do not mean to insinuate that physicians should not put into their practice a lot of business-system. Indeed, they need that, and, need it badly! However, it is quite possible to do this well without sacrificing any of the human and the humane aspects of the question. Indeed, by preserving these elements, the success of physicians, in the management of their patients as well as of their "cases," will be far greater. It is not necessary for a man to be slipshod, in order to be a good fellow, nor—let us admit it—is a physician who is a good business-man necessarily devoid of the milk of human kindness. In-

deed, I assume, without hesitation, that Doctor Peterkin does a considerable amount of charity-work. Nevertheless, I can not help being impressed rather disagreeably by all this extreme efficiency and to wonder whether a little less cold business-sense and a little more personal sympathy would not help in making the work more—not efficient, so much, as effective.

That moment in which a man stops—and fully realizes the magic and immediate effect of an evolutionary action—the moment which enlists his efforts on a higher plane and enrolls him in an advanced class—that moment is more productive of progress than years of plodding.

—R. Oberhauser.

THE PROBLEM OF THE MEDICAL QUACK

The pernicious and dishonest activities of medical quacks and of patent-medicine manufacturers have been materially lessened since Samuel Hopkins Adams wrote his notable article under the caption, "The Great American Fraud," and more so since the American Medical Association took up the work, to which it lent its entire and whole-hearted influence.

Some years ago, *The Chicago Tribune* accomplished much good in the direction of cleaning up the advertising pages of daily papers and of other publications, at least in so far as the English-language periodicals are concerned. Although much still remains to be accomplished in this direction, it must be granted that quackery no longer is quite so arrogantly in evidence as it was in former years. This result, which, undoubtedly, accrues to the benefit of the sick, unfortunately, does not extend to a large proportion of the population of great cities, as, for instance, that of Chicago, which is recruited by immigrants from foreign countries. In so far as immigrants belong to the ignorant classes and do not exchange their own language for English, and in so far as they congregate in settlements and retain their national customs and views, to that extent, they necessarily forego many of the blessings of the country to which they come with high hopes, as to a country of liberty and of opportunity.

Having been raised in ignorance and, among other things, with a childish confidence and faith in the printed word, especially what is told in their newspapers, these people become an easy prey to arrogant and dishonest advertisers, and it is

here that medical quacks and advertising journals reap a rich harvest.

Some months ago, Dr. Henry R. Krasnow, of Chicago, (*Ill. Med. Jour.*, Nov., 1917) called attention to this very serious problem, and made the statement that the reasons underlying the prevailing conditions were, (1) ignorance of the foreigners; (2) distortion of the idea of personal liberty by clever lawyers, giving the quacks a standing in court; (3) organization of the quacks; and (4) the apathy of the medical profession.

At that time, a committee was appointed, by the Douglas Park Branch of the Chicago Medical Society, to study the question and report a detailed plan of action for combating the quacks. The report of this committee may be studied in a paper by Doctor Krasnow and which appeared in *The Illinois Medical Journal for January, 1919*. This committee offered the following suggestions, from which it is evident that the problem has, by no means, been solved but requires further study.

1. The laws governing prosecutions of the quacks are very lax; usually a fine of a few dollars, but, which, by the way, the quacks, as a rule, manage to evade. Strict and rigid legislation has to be instituted, which classifies medical quackery among the criminal offenses.

2. The American Association of Foreign Language Newspapers, which supposedly has for its aim the welfare of the immigrants of this country, should institute a censorship over all the medical advertising in every newspaper issued in this country in a foreign language.

3. The American Medical Association should include in its program a wide propaganda pertaining to the question of enlightening the laity as to the activities of medical quackery and its evil doings; this propaganda to be carried out by means of popular literature printed in several foreign languages and distributed broadcast.

4. The general practitioner must consider it his duty to get information on every possible case of medical quackery. He should, at any time, possess some ready and rapid-fire means to participate in the work of fighting the quack or, at least, to communicate his findings to the proper agencies.

5. A special committee should be appointed, with the primary aim in view to

Dr. Henry R. Krasnow,
Chicago

further the study of the question of medical quackery; this committee to work in conjunction with the Grievance Committee established by the Chicago Medical Society. The Committee was to be provided with an adequate appropriation for literature, postage, and other expenses attached to the work.

A final report of the quackery committee, appointed by the Douglas Park Branch of the Chicago Medical Society, was presented by Doctor Krasnow last March, and printed in the *Illinois Medical Journal* for May. Reprints of these various reports are available and can be secured from Doctor Krasnow by request, enclosing a postage stamp. Physicians all over the country should interest themselves in this matter and should join in concerted efforts to put down this canker sore.

A man is no bigger than his ability to serve others.

THE ANNUAL REPORT OF THE SURGEON-GENERAL OF THE U. S. NAVY

The annual report for the fiscal year 1918, of the Surgeon-General of the U. S. Navy, Chief of the Bureau of Medicine and Surgery, to the Secretary of the Navy, of necessity deals with many problems that are of special importance, inasmuch as it gives an account of the activities of the Naval Medical Service during the period of the war.

It is quite impossible to review this report in detail, and it will be useless to quote from it statistical data, since copies can be obtained from the *Superintendent of Documents*, Washington, D. C., at small cost.

Among many other points, there are a few that have interested us while studying this report. For instance, in the course of examining the men desiring to enlist in the Navy, and also after their admission to training-stations, a not inconsiderable number of individuals were discovered in whom latent insanity or mental inferiority sooner or later would inevitably cause unfitness for practical service, although these men had successfully passed the physical examinations conducted at the recruiting offices. Thus, at the Newport Training Station, among 866 recruits interviewed during January, 1918, 16 defectives were discovered, who exhibited stigmata of con-

stitutional inferiority, epilepsy, hypochondriasis, hysteria, imbecility, neurasthenia, stammering, chronic morphine-addiction, or dementia præcox.

At the Naval Training Camp at San Diego, California, of 309 men studied in the course of 44 days, 22 were invalided from the service on account of nervous or mental disease. At the Naval Operating Base, Hampton Roads, Virginia, between August 1, 1917, and December 31, 1917, there were discovered 360 cases of suspected abnormality, among whom 191 were retained for survey. At the Naval Training Station at Great Lakes, Illinois, of 6,604 recruits examined, 177 positively psychopathic cases were discovered.

One of the most serious problems confronting the medical service of the Navy, as well as that of the Army, was, the occurrence of communicable diseases in camp. At Great Lakes Training Station, for instance, and in several other stations, serious outbreaks of cerebrospinal fever occurred. This, undoubtedly, was owing to the extreme crowding that was unavoidable, because of the great numbers of recruits admitted and also because of the impossibility, under the circumstances, of holding these men in the detention-camp for sufficiently long periods to assure their freedom from infection. The report of the Surgeon-General deals with this question in detail, and the remarks concerning it are well worth the study. The experiences with other infectious diseases, such as pneumonia, measles, scarlet-fever, diphtheria, mumps, influenza, venereal diseases, typhoid fever, et cetera, also are interestingly dealt with.

Altogether, the Surgeon-General's report constitutes a valuable document that will repay careful reading.

THE REHABILITATION OF THE BLIND

An impressive feature in the work being done in this country and in England, in the direction of restoring soldiers that lost their eyesight in the war to useful and remunerative occupations, is, the optimism and courage with which the men and women in charge of the work have imbued their pupils. The reports from institutions, like the one near Baltimore, in this country, and like at St. Dunstan's, in England, show that, after the first unavoidable per-

iod of depression and discouragement, the physically blind have their mental eyes opened, so that they have learned to look upon life and life's problems in an optimistic and courageous manner that well might be imitated by others not thus hampered.

Indeed, these men have cause to feel confident of their future fate, because everything is being done to teach them work that they can perform well and by which they will be able to earn a good living for themselves and their families.

As an instance of this work of rehabilitation, we wish to refer to arrangements made by the Chicago Lighthouse, conducted by the Improvement Association for Blind People, with Peter J. Peel to supervise the work of his blind graduates. These students are being trained, in Mr. Peel's institution, to give massage-treatment and the experience of many years, according to which the blind have long been employed as masseurs in Japan, is being verified by Mr. Peel, who highly commends the progress that his students have made.

We are informed that, under Mr. Peel's supervision, his blind pupil-operators are permitted to give treatments, when necessary, at reduced rates, and there are many patients that are in need of this kind of treatment, but, who can not afford the regular fee and for whom the opportunity here offered is proving a great boon.

In connection with the same problem, we wish to refer to a book recently written by Dr. Harvey Best (published by the MacMillan Company), under the title of "The Blind: Their Condition and the Work Being Done for Them in the United States. This is the most comprehensive work on the subject that has yet been published in America. The table of contents indicates information on virtually every question that may arise in connection with the blind and, undoubtedly, it is an authoritative and remarkably useful volume.

This reminds us that a few months ago the fourth annual report of the National Committee for the Prevention of Blindness, Inc., was published. The work of this association extends more in the direction of preventing blindness through causes that are active in peace-time, especially the blindness following the ophthalmia of infants, of trachoma, and other diseases. We have no doubt but that the work of the

National Committee for the Prevention of Blindness will be furthered immensely by the rehabilitation-work herein referred to.

You can tell a good deal about a man by the way his dog treats him.

DOCTOR BLAKE

Early in the war, in fact, at its very beginning, Dr. Joseph A. Blake, of New York, went abroad and offered his services to France, and there he was put in charge of one of the American hospitals operated in Paris. Beginning in April, 1917, he organized a chain of hospitals that were operated by the American Red Cross, with himself as surgeon in chief. In



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Dr. Joseph Blake in His Office in the American Red Cross Hospital in Paris.

addition, he was consulting surgeon for the District of Paris. At one time, there were under his jurisdiction more than fifteen thousand beds. He now has returned with the Cross of the Legion of Honor and the D. S. M. and holds the rank of colonel in the American Army.

For these hospitals under his care, there was an army-allowance of about 70 cents a day for each soldier; the surgeons, being army officers, were compensated by the government, as were also the nurses. The remaining expenses were carried by the Red Cross. Virtually all the surgical supplies and dressings used during the war were supplied by the Red Cross.

Dr. Blake took great satisfaction in the friendship existing among the medical men of the allies and the spirit of cooperation manifested on all occasions. He praised the work done by the British in their work with the Americans in discovering the cause of trench-fever and its treat-

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ment. He said the medical men were indebted to the French for the advancement made in the treating of gunshot-wounds and declared that he never had witnessed finer surgery than some cases that he had witnessed in French hospitals. He considered that the Belgians had attained excellent results in the treatment of wounds and fractures and was proud to be able



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Dr. Joseph A. Blake with a group of convalescents at the American Red Cross Hospital in Paris, holding the Gordon setter which saved his master by scratching away the earth until he was released. The owner of the dog was the only man saved when a German shell struck a French trench burying its occupants.

to report that the American method of treating fractures, as used at Ris-Orange, was adopted by the French. Although he had little chance of coming in direct contact with the Italians, he said that he had heard fine reports about their skill.

SCOPOLAMINE-MORPHINE IN WAR-SURGERY

The problems of emergency-surgery and of industrial surgery have been illustrated in many ways in the experiences during the war, the surgical practice of which constitutes emergencies in the *n*th degree, namely, an immense number of experiences gathered at the front and at base hospitals that will be utilized in peace-times, to the great advantage of the patients and also with considerable benefit to surgeons and nurses.

The matter of anesthesia, especially, is one that had necessarily presented many difficulties, and a suggestion recorded by Dr. C. W. Strobell, in *The Medical Record* for April 26, deserves commendation, for various reasons.

Doctor Strobell holds that scopolamine-morphine, administered in the field preparatory to emergency-surgery, to be done on arrival at the dressing-station, would be of great value, primarily as an analgesic

and, secondarily, in anesthetizing the wounded man, so as to have him ready for operation.

A first full-strength dose (scopolamine hydrobromide, gr. 1-100, and morphine hydrobromide, gr. 1-4) should be administered hypodermically immediately upon reaching the wounded man. Thirty minutes thereafter a second similar dose should be given in the same way. Thus, at the end of one hour from the administration of the first hypodermic dose, the patient should be in condition to undergo an operation, such as setting and dressing the simple and compound fractures, reducing dislocations, completing partial shell amputations, ligating vessels, trimming and dressing extensive lacerations, dressing burns, exploration and extraction of foreign bodies, and other operations. In exceptionally severe cases, a trifle of ether may be required in addition.

Even major surgical work may be done satisfactorily under this form of anesthesia which, fortunately, requires far less preparation of the patient than does inhalation-anesthesia. An initial full-strength dose may be given at any time, no matter whether the gastrointestinal canal is full or not.

Scopolamine-morphine thus administered confers a surgical sleep that continues for hours after the operation is finished and from which the patient awakens rested and normal so far as his ability to take liquid refreshments is concerned. Moreover, it confers the anociassociation of Crile, thus preventing postoperative pain and shock, as well as nausea and vomiting. This makes it possible to dispense with the constant attendance of the nurse at the bedside, the patient being safely left to sleep it off.

It is wise to exclude light, noise, and rough treatment. The ears should be stopped with cotton saturated with zinc oxide ointment, the eyes should be bandaged, while rough handling, as also hot and cold applications, should be avoided.

The method is an economic advantage in comparison with ether, chloroform, nitrous oxide, and the other agents. It effects an actual money saving of 75 percent, with a further 50-percent reduction in the time of nurses and attendants. Moreover, it involves a 90-percent elimination of oxygen gas from the expense-account.

It would seem that this form of anesthesia would be particularly favorable for

emergency-surgery, inasmuch as it makes possible a painless transportation of the injured patients to the hospital, at the same time, shortening the time of preparation for operation, which itself also is greatly facilitated. The fact that postoperative distress is avoided, is a factor of no little additional moment.

^a God puts the excess of hope in one man, in order that it may be a medicine to the man who is despondent.
—Henry Ward Beecher.

THE TREATMENT OF INFANTILE DIARRHEA

In an article on infantile summer-diarrhea, (*Med. Times*, May) Doctor Glover mentions that the treatment of this disorder must be curative and preventive. After the infection has occurred, a dose of castor oil, calomel, or gray powder should be given, followed by an appropriate mixture, such as the following:

Salol	grs. 15
Bismuth subnitrate	grs. 48
Tincture of catechu or tincture of hamamelis.....	min. 48
Tincture of opium.....	min. 8
Chalk mixture, enough to make	ozs. 2
Syrup of ginger.....	drs. 2

Label: Take a teaspoonful every three hours unless drowsy.

Such would be appropriate for a child up to six months of age. From 6 to 12 1-minim doses of tincture of opium may be given, and the bismuth subnitrate increased to 4- or 5-grain doses. In resistant cases, the dose of tincture of opium should be increased, but, the effect upon the pupil watched carefully, or a mixture aromatic of sulphuric acid with tincture of opium be given.

Mild cases may be treated with the following mixture:

Salicylate of bismuth.....	grs. 40
Salol	grs. 15
Syrup of ginger.....	drs. 2
Chalk mixture, enough to make	ozs. 2

Label: A teaspoonful every three hours.

When no stool has occurred for two days, give a little castor-oil, or 1 grain of gray powder.

The present writer does not agree with this method of medication at all, being convinced that there should be much greater simplicity; especially do we doubt the advisability of embodying tincture of opium in a medicine to be given to infants

less than one year old. There are other sedatives that are less potentially injurious to babies, although, in older children or in adults, tincture of opium may become necessary in a severe attack of cholera morbus.

The principal indication for treatment in the case of infantile diarrhea is, of course: the elimination of the infected and fermenting intestinal contents. Undoubtedly, castor-oil is effective in this regard. We believe, though, that the depressing action of this remedy is undesirable and that the intestinal tract may be cleaned as efficiently with less depression following by means of plain mineral oil.

The advisability of employing astringent remedies, such as bismuth or hamamelis may be questioned. In the majority of cases, intestinal antiseptics, say, salol, and, especially, the sulphocarbolates, will exert a sufficiently marked action in overcoming the infection of the intestinal canal. Of the sulphocarbolates, the zinc salt or, still better, the copper salt, will but rarely be without satisfactory results the copper compound being far superior. Care must be taken, of course, to administer it in solution, because otherwise serious irritation may be produced.

The treatment of infantile diarrhea should be as simple as possible. For this reason, we should limit our efforts to elimination by means of liquid paraffin; counteract the infection with copper sulphocarbolate in solution, controlling the pain with the aid of hyoscyamine, and regulating the intake of fluids, nutritive or otherwise, strictly in accordance with the conditions found present.

Milk has, long ago—and justly so—been condemned in cases of this sort, as causing or being liable to cause and maintain fermentation. 'Albumin-water, barley-water, rice-water undoubtedly being to be preferred. Some of the portein-carrying food tonics may also be utilized to advantage, such as liquid peptonoids, panopeptone, and similar preparations. As early as possible, the little patient should be given water freely, being careful to secure a pure drinking-water.

While Doctor Glover's opinion, that brandy is of great service in these cases in combating collapse, undoubtedly is justified, there are other remedies that will have as good an effect, such as, for instance, tincture of nux vomica.

Leading Articles

Chronic Amebic Dysentery and Emetine-and-Bismuth Iodide*

By JACQUES CARLES, M. D., Professor of Medicine, Bordeaux, France

EMETINE, an alkaloid of ipecac, was discovered by Pelletier and Magendie, and was first used in the treatment of amebiasis by Leonard Rogers, of Calcutta, and renders inestimable service in the treatment of acute amebic dysentery.

One subcutaneous or intramuscular injection of 0.04 Gram of emetine hydrochloride, given every morning and evening for three or four days, then one injection daily for several days, gives marvelous results. Under the influence of this valuable remedy, the most serious acute forms of the disease improve, in the majority of cases, as if by magic.

But, if emetine exerts a rapid and truly effective action in the acute dysenteric processes, this is not true for the chronic forms. While it acts upon the amebas imbedded in the intestinal walls, it does not affect those that multiply in the intestinal cavity.

It is also without effect upon the encysted germs. Consequently, we still remain but poorly equipped for combating the persistent and refractory manifestations of chronic amebic dysentery. It suffices but to read over and to test one after another of that long list of remedies recommended for this disorder, in order to realize their worthlessness. The so-called "successive treatments" with emetine recommended by Chauffard and taken up by Mauté, also the emetine-arsenical treatment of Ravaut and Krolunitsky give results that certainly are remarkable in the disease for which we thus far have been powerless. But, the results from these courses are uncertain and rarely final in the treatment of chronic amebic dysentery. As to khôsham (C. Le-moine), thorium sulphate (Frouin), sim-

aruba, Brazilian ipecac, or ipecac with calomel or with quinine (Ronald Ross), and, lastly, the local treatments (Friedel), these usually only produce nausea, while the brief periods of improvement to which they give rise can not properly be called cures.

Pathologic Findings in Twenty-five Patients

Having treated 35 cases of chronic amebiasis by the classical methods, and with many resulting failures, we now desire to report the results secured with emetine and bismuth iodide in 25 additional patients. We shall describe the various observations we made in these cases, since they appear to justify practical and useful conclusions for future action in the treatment of chronic amebiasis.

The 25 patients whom we have treated in this way presented, all of them, the well-known signs of chronic dysentery. Eight of them had contracted their disease outside of France, namely, at Salonica, at the Dardanelles, in Morocco, in Tongking, Tunis, and Cambodia. In one of them, the attack had occurred eighteen years ago, in a second, it was seven years ago. In the last six cases, the disease had lasted one, two, and three years; and this was true for all those, more numerous, others that had become infected at the French front in the present war.

In some patients, the attack had been quite sudden. At first, there were ten to fifteen dejections a day; these being slimy, bloody, and accompanied by violent colics, tenesmus, but without fever. Other patients at first had had the symptoms of ordinary gastric disturbances or of a mild dysenteric enteritis, apparently of short duration. Lastly, in some instances, the chronic amebiasis had come on insidiously

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and with but slight discomfort being experienced; there having been no particular symptoms that would enable one to determine the actual beginning of the disease.

In all of these cases, the fully established chronic dysentery presented itself with the same signs, namely, progressive emaciation, this often amounting to a loss of 10, 15 or 20 kilograms in weight; marked asthenia, that made any prolonged effort impossible and being accompanied by a constant hypotension. Then there came on a simple or even an earthy pallor; in exceptional cases subicterus was present.

As concerns the gastrointestinal canal: the tongue was dirty, there was a lack of appetite or else a capricious appetite. The digestion was sluggish, painful, and accompanied by a sensation of weight and fullness, also somnolency after meals, pyrosis or the expulsion of foul gas.

Diarrhea was either constant or intermittent, interrupted at times by long periods of obstinate constipation. During the intervals between the inflammatory aggravation, the stools became frequent. They occurred especially in the morning or during the night, or, also, both in the day and the night. In some patients, the stools made their appearance only under certain circumstances, and these always were identical, as, for instance, when eating a meal.

Sudden and imperious in its attack, this diarrhea was accompanied by colicky pains in the cecum, in the left iliac fossa and the transverse colon. At other times, the colicky pains were generalized. A constant desire to defecate, tenesmus, and dysuria may be present.

The stools are semisoft, very much like cows' dung, or they are firm. Or, again, they are quite liquid, slimy and blood-stained; most frequently, they are interspersed with mucous and bloody patches.

An examination of the abdomen may, in some cases, prove entirely negative. But, in the majority of the patients, the symptoms vary, including distension or retraction, or a contracted or a flabby abdominal wall. As a rule, deep palpation causes pain, and a contraction of the colon may be discovered, which under the fingers, feels like a cord or thread.

The solar-plexus region also is very sensitive to pressure in most instances, showing an abnormal, excessive irritability. We may add that, in all these patients, the rectoscope discloses, sometimes a simple edema

of the mucosa, sometimes a congested condition together with hemorrhagic spots, sometimes more or less extensive ulcerations with surfaces more or less sticky, sometimes even showing actual polypoid degeneration.

Such are the patients whom we have subjected to the treatment with emetine and bismuth iodide. We follow the procedure advocated by Du Mez, also by Lebœuf, namely, giving daily three keratinized [enteric] capsules, these containing 0.06 Gram of the chemical each, one capsule with each meal for a period of twelve days.

As to the Treatment

The treatment is quite disagreeable. Despite the keratin covering of the capsules, the patients suffered from nausea and vomiting. Still, this rarely lasted longer than the first two days, although often recurring during the last two or three days of the course. It seems as though a rapid tolerance for the remedy is established, and that this is destroyed only by virtue of the rapid cumulating of the doses.

The same is true with regard to the diarrhea. The medication always gives rise to it, of a slight degree in some, but very intense and troublesome in others. It always is pronounced especially at the beginning and at the end of the course of the treatment. As Lebœuf has shown, this diarrhea should be deferred to, for, it constitutes an exceedingly useful means of eliminating the intestinal parasites. However, if it becomes too violent, it may be necessary to modify it by means of opium.

Exactly like emetine hydrochloride, the emetine and bismuth iodide is depressing and lowers the blood pressure. When the dosage is excessive or long-continued, or when it is given to patients greatly weakened, the remedy may give rise to the same serious cardiac and respiratory complications, and even may often become fatal, or may lead to alarming emaciation and peripheral neuritis as was observed, after a course of emetine, by Guglielminetti, Snell, Lévy and Bowntree, Johnson and Murphy, Lyons, and Kilgore.

As for ourselves, we have never employed the remedy without at the same time administering cardiac tonics, such as sparteine, camphorated oil or adrenalin. Those patients that were much weakened were, moreover, fed intensively during the period of the treatment. With these few pre-

cautions, we have never encountered the slightest difficulty.

Results of This Treatment

What results have we obtained?

In the case of some of the patients, the results were striking. Thus, one of them (B.—), for instance, had contracted amebiasis in Cambodia, in 1900. He had undergone a great number of courses of treatment, but suffered repeated relapses. After twelve days of our treatment, he was definitely relieved of all amebic cysts, a fact which could not, in any way, be attributed to any previous course of treatment.

One of our confrères, a physician in military service, suffered greatly from amebic dysentery contracted in August, 1917, in Tunis. Thanks to khôsham¹, and to, at least, two hundred hypodermic injections of emetine, he had been enabled, with great difficulty, to remain constantly on duty; however, hindered by exacerbations of his troubles, a victim of chronic diarrhea and suffering from constant lassitude and progressive emaciation. For almost a year, emetine had remained without any effect. But, thanks to the double iodide, this medical officer was relieved of his chronic trouble, and the large number of dysentery-cysts, of which he had been the carrier, at last disappeared. This good effect still continued two months afterward.

In 14 cases out of the 25 that we have treated, the double iodide made it possible for us to secure rapid cures in those cases in which emetine, khôsham, simaruba, arsenobenzol, ipecac, and thermal springs had remained without result. These are results that well may be compared to those reported by Margaret, W. Jepps and Meakins, and by Waddell, Banks, and Watson and King.

However, we also have met with failures. Sometimes a cure was only apparently so. Thus, for instance, in one of our patients, the general condition became superb after two courses of the emetine and bismuth iodide, given with an interval of one month intervening. He seemed clinically cured, yet, nevertheless, continued to give off some amebas in his stools. The rectoscope enabled us to discover that they came from a small rectal ulcer where they proliferated. Local cauterization with sil-

ver-nitrate solution and lavage with protargol rapidly effected a cure that was, microscopically, complete.

In this case, the failure was only partial. In others, it was complete. After the twelve doses of the course, our patients continued to lose flesh, to have colics, bloody diarrhea, and to give off amebas and dysentery-cysts in the stools. We were not slow to discover the reason.

Importance of Microbic Symbiosis

All amebic patients in whose cases the double iodide remained without effect, we found, were carriers of associated parasites; that is to say, besides the dysentery-amebas, there were superimposed lamblia, trichomonas or tetramitus.

In the degree in which these additional parasites had not disappeared, the double iodide remained almost without effect. One may readily understand this from the following case:

The patient (Chev—) had been treated, two months previously, in Bordeaux, with emetine and bismuth iodide for an old amebic dysentery. The treatment never had produced the slightest improvement and he continued to void five or six bloody stools every day. Examining these dejecta for parasites, we discovered, in addition to numerous dysentery-cysts, innumerable trichomonas. We then subjected this patient promptly to a two-fold treatment, namely, giving him capsules of turpentine and performing lavage with silver-nitrate solution. Already after two weeks, there was visible a startling improvement. The diarrhea was diminished and no longer blood streaked; the general condition was improved; the trichomonas had disappeared. Only dysentery-cysts still were numerous. Then we subjected the patient to another course of the emetine and bismuth iodide. While this had been ineffective the first time in the presence of the trichomonas, the second attempt produced an actual cure, as was fully evidenced by the complete disappearance of the dysentery-cysts. We have been able to examine this patient three months later, when he was about to leave for the front. The clinical and the microscopical cure had been maintained.

The unfavorable influence of trichomonas and of tetramitus is seen even more clearly in the following case:

The patient (Pik—), 28 years old, aviator, had contracted amebic dysentery in the Orient, early in October, 1917. De-

¹Khôsham, or Kosam: The seeds of *brucea sumatrana* of southwestern Asia. A Chinese remedy for dysentery and uterine hemorrhage.

spite diverse courses of treatment, his condition remained stationary and exceedingly precarious, until November, 1917.

We examined him on November, 21, 1917. At that time, he had from 15 to 20 evacuations a day, which obliged him to get up three or four times during the night. These stools always contained blood and were accompanied by colics and tenesmus. His general condition was bad; asthenia was extreme and anorexia marked; the loss of weight amounted to 10 kilograms.

Rectoscopic examination disclosed numerous ulcerations over the entire surface of the rectal mucosa and, particularly, on the rectal and rectosigmoidal valves. The mucous membrane was swollen and edematous. The specimens taken from the ulcerations showed the presence of trichomonas and tetramitus at the same time, as well as numerous dysentery-amebas constituting the tetragena and minuta varieties.

This patient was promptly subjected to treatment with turpentine. The action of that remedy is rapid; within the first forty-eight hours, the bowel movements are reduced to two or three a day and cease to contain blood. In ten days, this patient already had gained 1 kilogram in weight.

However, renewed examinations demonstrated that some trichomonas and tetramitus still persisted, and these did not disappear entirely until six injections of silver-nitrate solution had been given, together with the turpentine treatment. Furthermore, numerous dysentery-amebas were found again in the feces. Then this patient was put on the double iodide. A course of twelve days at first caused some fatigue and gave rise to vomiting and a temporary recurrence of the diarrhea. But, ten days later, this man's condition again became normal. He had only one stool in twenty-four hours, and this of good consistency; no more colic; the strength and appetite were quickly regained. Repeated examination showed the complete absence of trichomonas and tetramitus, as well as of the cysts and dysentery-entamebas.

The patient left the hospital in the middle of January, 1918, scarcely recognizable because he had gained 15 pounds. We saw him again during a leave of absence four months later. His state of health then was perfect, and he had not experienced the slightest gastrointestinal trouble.

It is relatively easy to relieve the patients of trichomonas and of tetramitus

when these infest the intestine. As to the harmful action of the dysentery-amebas and the impossibility of eliminating them from the intestine, where they breed, there seems to be a unanimity of opinion since the publications of Orticoni and Nepveux, Mauté, and Vaccarezza, of Buenos Aires.

The same power to aggravate the situation possibly also belongs to the trichocephales, to the ascarides lumbricoides, even to the entamebas of the colon and certain spirilla, as we have been able to observe in the number of soldiers who carried the one or the other in very large numbers.

Here, again, appropriate treatment with thymol, wormseed, santonin, arsenic, and small repeated doses of some laxative have quickly caused their extermination. Nevertheless, it is unfortunate if on top of the amebiasis there is found an added infection with lamblia. Unfortunately, this is a particularly frequent occurrence, for, we have established the fact in 11 out of 25 cases treated by us. In these patients, as in those infested by trichomonas and tetramitus, we failed to obtain any results with the double iodide against the amebiasis until the lamblia infection had been removed.

The Refractory Lamblia

But, here, one is confronted by serious difficulties, the majority of the remedies recommended being without effect. Oil of turpentine and colonic lavage with silver-nitrate solution, which are so effective against the other flagellates, are particularly disappointing against lamblia and trichomonas. Only in a small number of cases, have they aided in bringing about the temporary disappearance of these stubborn parasites. Thymol, santonin, and male fern likewise are without effect, and in this our observations agree with those of Goiffon and Roux. The same as they, we have witnessed some good results from the use of arsenicals; but, while they employed either arsenobenzol or galyol, we have made use, especially, of hectin. In one case or another, the disappearance of the lamblia rarely is lasting, so that it is necessary to repeat the treatment several times. The same is true for sulphur, which, when given for ten or fourteen days, in daily doses of from 2 to 6 Grams, has, in our hands, caused the lamblia to disappear with fair regularity. But, again with this remedy, complete sterilization is rare, so that, in order to prevent relapses, the treatment

must be repeated, for a few days, every month. Lastly, in a few infrequent instances, lambliasis resists every known form of treatment.

In conclusion, the main cause of failure in the treatment of chronic amebiasis by means of the iodide of emetine and bismuth is owing to the association of an infection with lamblia to the amebic dysentery. Once the lambliasis has disappeared (which, however, we have just shown not always to be easy), recovery from the amebiasis is rapid.

Complicating Digestive Disorders

A last cause of failure in the treatment of chronic amebiasis lies, when, in connection with the amebic infection, there is either insufficient secretion or intestinal fermentation or an enteroneurosis.

If the treatment remains ineffective in certain cases, it is solely because the physician concentrates his efforts upon the specific treatment, without paying attention to the simultaneous bad functioning of the digestive organs.

According to the circumstances, one must correct any insufficiency in the functioning of the stomach, the pancreas, the biliary apparatus or the intestine that may be associated with the amebiasis. At other times, it may be necessary to combat putrid infection or the intestinal spirilloses that may be associated.

Lastly, in certain cases, the simultaneous treatment of an enteroneurosis or an abdominal sympathosis coexisting with the amebiasis may be indispensable, in order to bring about a permanent recovery. Especially when lamblia infection coexists with the amebiasis, results are rarely obtained, unless the twofold specific treatment is supplemented by one tending to relieve any gastrointestinal insufficiency or gastroenteroneurosis that so frequently are associated with it.

It seems to us very important to keep this rule in mind, which to us seems to hold generally whenever one is called upon to treat victims of chronic dysentery. Moreover, it is the general experience of all students of parasitology that amebas and flagellates never multiply better than in symbiosis in an intestine where numberless pathogenic bacteria already have created a mild enteritis, a soil upon which the higher parasites can thrive more easily.

With one last remark, we will close the subject of treating amebiasis by means of

the double iodide of emetine and bismuth.

We have just seen that, by taking the precautions pointed out, this remedy, the double iodide, enables one, better than all others, to bring about an apparent cure. Under present conditions, it is difficult to follow these patients for long periods; in the meantime, though, circumstances have made it possible for us to reexamine some of our former dysenteric patients. Two of them that were dismissed, apparently perfectly cured, four months and six months afterward plainly had a relapse. Consequently, we believe, that, after having effected a cure for the first time, "successive treatments" with the double iodide should be the rule. In conjunction with this, a course with sulphur and oil of turpentine should be prescribed when there coexists an infection with trichomonas and tetramitus or lamblia. According to the peculiarities of the case, every three months, every six months, once a year, or, still better, at the first indication of weakness or of the slightest suspicion of any intestinal trouble, such further treatment should be advised. *For chronic patients, chronic treatment.* That is the only way to avoid relapses, to diminish the danger from the carriers of cysts, who are becoming more and more numerous.

Conclusions

1. The hydrochloride of emetine, which is a marvelous remedy for the treatment of acute amebic dysentery, has but relatively little influence in chronic amebiasis.
2. The double iodide of emetine and bismuth seems to be the remedy of choice against chronic amebic dysentery. It is given for twelve days in doses of 0.18 Gram daily divided into three keratinized capsules during meals. It possesses the same possibilities of danger as does emetine and its employment calls for the same precautions (cardiac tonics, rest.)
3. A simple chronic amebiasis rarely resists the action of the double iodide. Apparent cure is the rule.
4. A cure, on the other hand, is the exception if the amebiasis is complicated by an infection with trichomonas, tetramitus, and, especially, lamblia. The same frequently is true if at the same time there exist in the intestine large numbers of trichocephales, ascaris and, sometimes, entamebae coli.
5. In such cases, the treatment with the iodide of emetine and bismuth alone should

not be attempted. For, it will have no effect, unless the patients first are relieved of the parasites superadded to his amebas.

This preliminary treatment is easy to carry out, except for lamblia, the resistance of which to every remedy tried sometimes is extreme.

6. It is necessary, always, to treat properly any secretory insufficiency of the gastrointestinal tract or any gastroneurosis or enteritis resulting from fermentation,

when these are found associated with the amebiasis. To depend solely upon the specific treatment, may result in failure or an uncertain cure.

7. Chronic dysentery being a chronic malady, it requires chronic treatment. Despite the fact that recovery often appears to be perfect and complete, the successive treatments with the double iodide of emetine and bismuth must be rigidly carried out as a matter of routine.

After Thirty Years—XV

Notes and Reflections on Life and Work

By WILLIAM RITTENHOUSE, M. D., Chicago, Illinois

[Continued from June issue, p. 409]

A Sketch from Life

THE doctor sees the seamy side of life. His opportunities for the study of human nature are boundless. Some of his experiences are not pleasant at the time of their occurrence; but when they have receded into the dim and misty past, a little philosophy may enable him, to look back upon them, and even to see that they have a humorous side.

In the first years of my practice, I had a friend. I call him my friend, because he sent me many patients and because he had a blind faith in my somewhat problematical skill. His name was not Dennis Magoun, but that will answer as well as another. Dennis had a rich brogue, a quick wit, a blackthorn stick (of which he was very proud), and, most of the time, a strong breath. When his breath was very strong he also was very affectionate. Dennis was not a German. Mrs. Dennis also was notable for a strong breath, and, on the nights when Dennis brought home his wages, the pitcher made frequent trips to the corner-saloon and the neighbors heard strange sounds issuing from the Magoun home—sounds that suggested the pernicious activity of a blackthorn stick and other movable chattels, and, the next morning their little boy would be sent to the drugstore for 10-cents worth of arnica tincture.

Things went rapidly from bad to worse—at least with Mrs. Dennis. She was one

of those that can not stand drink, and, once started upon the downward road, she seemed to find the incline lubricated for the occasion. By the second year of our acquaintance, she was stupidly drunk most of the time. One day, Dennis came to see me, dressed in his best (which included the blackthorn stick of which he was so proud), and informed me that an interesting event was to happen in his family on or about a certain date, and formally engaged my services. I accepted with the best grace that I could muster, although inwardly I hoped and prayed that I might be out when the summons came. But this was not to be.

One still, sultry August afternoon, the messenger found me and I went. The house appeared deserted. I knocked; no answer. I pushed open the door and walked in; no one about. I went through into the kitchen. A half-naked 2-year-old child was wallowing on the dirty floor; a starved-looking cat was foraging among the debris of the breakfast-table; swarms of flies buzzing everywhere only made the pervading silence more impressive, as the novelists say. My nose is a rather wideawake member of my perceptive outfit, and it was my nose that directed my attention to a little bedroom off the kitchen. Looking into it, I saw, lying on the dirty bed, poor Mrs. Magoun. When I state that she was dead-drunk, that she was in the second stage of labor, and that she was afflicted with diarrhea, the

reader's imagination will be able to fill in the details.

For a moment I stood dumbfounded. In those days, Gilbert and Sullivan's operas were in the first flush of their popularity, and a line from the Mikado came into my mind. I exclaimed: "Here's a pretty mess, here's a state of things!" But, something must be done. My first impulse was, to run away from the whole blessed thing; however, a second thought told me that such a course might mean one death, and perhaps two. There was not another soul in the house. I went to the back door and looked around.

Kind-Hearted Mrs. Mulligan

In a neighboring back yard, Mrs. Mulligan was hanging up clothes. I called to her, told her the story in a few words, and begged her to come and help me out. She muttered to herself for a moment and then said: "For the love o' God, I will, an' not for the love o' her!" I could have embraced her for that word. I never knew before what an angel of mercy a pug-nosed, freckle-faced Irish washerwoman could be. If any woman ever deserved to be called a lady, she certainly did. When she reached the bedroom door, she didn't quote the "Mikado", she did better. She stood a moment with her arms akimbo and then she said: "Well, thot's hell!" Volumes could not have said more.

We got through that afternoon somehow, but I have no very distinct recollection of how it was. I do remember, though, that, when I got home, my good wife exclaimed: "What, on earth, is that awful smell on your clothes?" To which I replied: "I guess you smell sewer-gas."

Another Experience

A year and a half passed by. It was the coldest evening of an unusually cold winter. I had never received a dollar from Dennis for my services; not, indeed, from lack of good-will on his part, but, simply because it was a contest between the saloonkeeper and myself as to which of us should lay hold of Dennis's spare cash. The saloonkeeper saw him oftener than I did; so, he won. But, as both Dennis and the saloonkeeper sent me patients from time to time, I had never made any disturbance about the bill.

On the evening in question, after driving all day in the cold, I had just finished a good hot dinner, lighted a fragrant cigar,

and drawn up my easychair before the grate, where blazed cheerily a generous lump of cannel-coal (which, by the way, makes about the most cheerful fire in the world, except, perhaps, dry hickory-wood). I studied the pictures in the fire, while my favorite cat curled himself up on my lap, purring loudly as he lay looking up at me with his big yellow eyes, as if he were trying to tell me what a good time we were both having.

But, alas for a doctor's leisure! "There ain't no sich animile." Does he ever plan a bit of enjoyment that some unhappy patient does not come to spoil? The door-bell rang. It was Dennis Magoun. I presume that my welcome was not a very cordial one, for, he rather apologetically begged me to come with him as two of his children were, he feared, very ill. As usual, he was well primed with liquor, but able to walk fairly straight. I got ready and we started out. As we went down the steps he handed me two silver dollars, with an apology, because it was not more. Five minutes later, as we walked along, he again handed me two silver dollars, and another apology. He was just drunk enough to have forgotten his first burst of generosity. The thing was becoming interesting. Would he forget again? Sure enough. As we crossed Twelfth Street, he handed me a third two dollars and a third apology.

I began to speculate on the question of just what amount of whisky would be necessary to produce the correct degree of forgetfulness and to prick the conscience just enough to produce such auspicious results. Also, would it be practicable to figure out a plan by which the method could be applied to some of my other debtors that were incorrigible when sober? When we reached Thirteenth Street, Dennis turned toward the east. I said: "Here, you don't live down that way!" "No," he replied, "but, Mrs. McPhail took the children over to her house this afternoon." But, he could not locate Mrs. McPhail's house. He had forgotten the number, so many houses looked alike, and, under the circumstances, his poor befuddled brain was helpless.

Again I thought of the Mikado: "Here's a state of things!" The thermometer far below zero, and two men, one drunk and the other mad clear through, trying to

find a metaphorical needle in a haystack. Luckily, chance favored us.

Another Irish Samaritan Woman

I saw a woman come out from between two houses. Hailing her, I told her our predicament. It was Mrs. McPhail, herself. She had just taken the children back home and was starting out to look for Dennis.

When we arrived at the Magoun home, we found the house cold. The only fire was in the cook-stove, and that was so nearly out that the cat had crept into the bake-oven to keep warm. Mrs. Magoun was in bed, helplessly drunk. The children were with her, and it needed but a glance to see that both of them were desperately sick with pneumonia. So, I turned to Dennis and said: "Dennis, you will have to brace up. Those children may die before morning. If they do, the coroner will hold you responsible for careless-

ness and you will find yourself in a pretty bad fix."

That frightened the old toper and partly sobered him. He got busy and built a good fire. Mrs. McPhail volunteered to go to the drugstore for the medicine and to stay at the house and see to it that the children got it regularly during the night. I charged Dennis strictly to keep a good fire, to see to it that Mrs. McPhail had everything she might need, and not to touch a drop of liquor the rest of the night. He did it; he literally watched and prayed all night. And the children got well!

A few blocks down the street, a rich man's only child, too, lay sick with pneumonia. It had trained nurses, several doctors, and all that money could provide. It had a happy and useful life to look forward to. This child died.

[To be concluded.]

2920 Warren Ave.

Quinine and Urea Hydrochloride for Local Anesthesia

By H. F. McMECHAN, M. D., Avon Lake, Ohio

ALTHOUGH quinine and urea hydrochloride was discovered by Driguine, in 1881, it was not until 1905 that Henri Thibault disclosed its anesthetic properties while administering it to himself for malaria. In 1907, he reported further experiments with it and its use for local anesthesia, 1907, but, it remained for A. E. Hertzler to develop its underlying physiopathology and wide utility.

Its Pharmacology

According to Schaffer (*Drugg. Circ. Feb. 10, 1910*), this double salt of quinine is a combination, in crystal-form, of one molecule of quinine hydrochloride and one molecule of urea hydrochloride. It is marketed in the form of powder, tablets, and percentage-solutions in ampules. The powder is soluble in equal parts of water, forming a strongly acid solution. Other soluble salts of quinine are as effective; however, quinine and urea hydrochloride is the most available one. J. Morgenroth (*Berlin. Klin. Wochensh.*, 1912, No. 46, and 1913, No. 8) announced a substitute

product known as isoamylhydrocuprein hydrochloride, crediting it with 20 times the analgesic efficacy of that of quinine-urea and a duration-period of forty hours. Hertzler employed the latter in 0.1-percent solutions and found its histochemical and anesthetic action about equal to that of a dose of quinine-urea hydrochloride of ten times this strength.

Solutions should be freshly made just before being used. The quinine-urea may be dissolved in water, physiologic saline or Ringer's fluid, and it may be combined with procaine, with or without the addition of adrenalin. Its solution may be sterilized by means of boiling.

Action Upon the Tissues

A. E. Hertzler, (*"Surgical Operations with Local Anesthesia," 2nd Edit.*), details his study of the action of quinine-urea on the tissues as follows:

"When a soluble salt of quinine is injected into the tissues, it causes within a few minutes, an amorphous exudate, which forms granular fibrin, the coagulation of

which is complete in from twelve to twenty-four hours. The skin so infiltrated is thickened and has a reddish color, suggesting a cellular infiltration, but, is not tender to touch and sections show no round cells. The fibrin fills the spaces among the connective-tissue fibrils, displacing them, but leaving them for the most part unchanged. This granular fibrin is absorbed in from one to two weeks, leaving the injected tissues in a normal condition."

"When quinine-urea solution is injected into the nerve-sheaths, granular fibrin forms among the nerve-fibers, displacing and compressing them, but, producing no apparent changes in the fibers themselves. This observation indicates that the solutions of quinine-urea are harmless when injected into mixed nerves for the relief of pain. The exudate is not an edema, because it is spontaneously coagulable and forms a substance capable of reacting to specific fibrin-dyes. Contrary to an edematous reaction, the exudate of quinine-urea is itself a first step toward repair, although a misdirected one, but can be effectively put to use if intelligently handled."

When primary union is desired, incision should rapidly follow injection and the excess of solution in the tissues be allowed to escape. This provides briefer anesthesia, but, allows immediate wound healing. When primary union is not possible and prolonged anesthesia is desired, it is important to have the solution remain in the tissues and produce granular fibrin, the pressure of which limits hemorrhage in certain wounds and the slow resorption of which prolongs analgesia in certain operations in which after-pain is a prominent feature.

This reaction of quinine-urea is controllable by the use of definite percentage-strengths of solutions and especially by the addition of varying amounts of adrenalin, which, on account of its vasoconstrictor action, lessens the preliminary dilatation of the capillaries produced by the quinine. By varying the amount of adrenalin, Hertzler, has been able to limit anesthesia to two hours and to extend it for several days.

Mucous Surfaces

Quinine-urea topically applied acts less promptly than does cocaine or procaine, but, is less toxic when absorbed and its effect is more prolonged, while its use is

seldom accompanied by secondary oozing. The immediate effect is, a slight burning-sensation, followed by increased secretion of mucus, this necessitating frequent changes of swabs and packs.

With solutions of from 5- to 10-percent, local anesthesia for nasal operations may be secured by topical application the contact of the saturated pledgets being maintained for from fifteen to thirty minutes. Too great pressure of the pledgets lessens capillary activity and delays absorption. The pledgets should be changed at least three or four times. Excess of the solution should not be allowed to seep into the patient's mouth, as the bitter taste is not appreciated.

The quinine-urea reaction may be partly controlled by the topical application of adrenalin, which shrinks the tissues considerably, although not to the same extent as will cocaine or procaine-adrenalin solutions.

While the urinary bladder may be satisfactorily obtunded by means of quinine-urea solutions, sacral blocking is proving so much more effective that topical applications for intravesical manipulations are falling into disuse.

Toxicity and Necrosis

While O. E. Clossom has found, experimentally, quinine-urea toxic to canines clinically, this analgesic seems to be innocuous so far as toxic symptoms are concerned, except very occasionally for the incidence of quinine-rash in susceptible individuals. Brewster has administered 100 grains of it, in one patient, for pernicious malaria, with recovery both from the malaria and the quinine.

Necrosis may result from technical errors, such as injecting excessive amounts of solution under too much pressure. Edematization with quinine-urea is desirable and permissible only for certain operative procedures, which are to be indicated. Obtunding the parietal peritoneum, as a phase of anocithesia, has had to be abandoned, because of the frequent occurrence of necrosis. With proper care quinine-urea may be employed for infiltration-anesthesia, intra-and perineural blocking, as well as remote anocithesia, without danger of necrosis. In this connection, it is interesting to note that Leigh F. Watson is using the destructive action of quinine-urea in inoperable cases of goiter, for the purpose

of reducing the activity of the gland and abating distressing symptoms.

Solutions of Urea-Quinine

After extended employment, A. E. Hertzler has found a 1-percent solution of quinine-urea sufficient to produce anesthesia under all conditions. When temporary analgesia, only, is required and primary union desired, 0.5 or even 0.25 percent solutions are efficient, if skillfully administered. Solutions should be freshly prepared just before being used, one 2-grain tablet being dissolved in 1 ounce of water, physiologic saline or a 1- or 2-percent calcium-chloride solution, which, sterilized by boiling, serves every routine purpose.

Sequential Use and Combinations of Local Anesthetics

Procaine and quinine-urea should be used sequentially for those parts of the operation for which their respective anesthesia is particularly indicated or for limiting the amount of the more toxic analgesic. Thus, quinine-urea is useful for extensive skin infiltration, while procaine is used for ob-

tunding the underlying tissues. Occasionally, it is worth while to combine these analgesics, to secure the rapidity of action of procaine and the more prolonged analgesic effect of quinine-urea. The proportionate combination, modified by the addition of adrenalin, depends upon the use to which each one is to be put. Thus, in tonsillectomies, the procaine should predominate, as follows:

Combined Solution No. 1.

Procaine	5 grains
Quinine and urea hydrochloride	2 grains
Adrenalin-solution (1:1000)	8 drops
Water, boiled	1 ounce

For operations in the anal region or other locations where the after-pain must be controlled, the quinine-urea should predominate, as shown:

Combined Solution No. 2.

Procaine	5 grains
Quinine and urea hydrochloride	4 grains
Adrenalin-Solution (1:1000)	7 drops
Water, boiled	1 ounce

An Automobile-Pilgrimage in Retrospect

By GEORGE F. BUTLER, A. M., M. D., Wilmette, Illinois

Medical Director, North Shore Health Resort, Winnetka, Illinois.

[Continued from June issue, page 406]

LAST summer, I stood on the rim of that stupendous panorama, the Grand Canyon of the Colorado, and looked into depths thousands of feet below the observer's point. The scene never is twice the same. At sunrise, the sun seems to rest upon biers of purple porphyry, while flakes of crushed gems strew his couches with rainbow dust and the spaces are full of rose-red censers edged with gold. At sunset, he seems to hold to the last a gigantic wine-cup brimmed with sparkling wine that spills and trickles down the terraced labyrinth of colossal forms. I speak of this titanic chasm, not, to compare it with the White Mountain notches, but, because I am reminded, as I write, of the magnificent scenery of our own country and the wonder of the immensities of nature, the universal flux, the ever changing process in which naught endures save the flow of energy, and the rational order that per-

vades it, and the omnipresence of beauty and grandeur. I can not understand how any one can view nature without seeing God in it.

The natural beauties of the White Mountains have been sources of inspiration to a large number of poets and painters; to these lofty summits and tree-clad slopes, we owe some of the best nature-poetry in American literature. Preeminently, however, the poet of the White hills was Whit-tier. I haven't the space to write of the poems that were inspired by his sojourns in this region, nor of those of other poets that found their inspiration here. Among the artists that have helped to immortalize this region, were George Innes, George L. Brown, Benjamin Champney, A. E. Durand, James A. Suydam, and others. George Loring Brown painted the noted White Mountain picture known as "The Crown of New England", which gives a magnificent view of Mount Washington.

It was purchased by the Prince of Wales, the late King Edward VII, and it now hangs in the gallery of Windsor Castle.

North Conway is a hamlet in this region that you should visit, for, it was the artist-colony of the White Mountains. One who very largely helped to make known the beauties and wonders of the White Hills



Fig. 7. Road through Bretton Woods.

was Frank H. Shapleigh, of Boston. For fifteen years, beginning in 1877, he had a studio at the Crawford house, where we arrived early one afternoon. From here, one gets a fine view of Mount Washington, the highest of all the White Mountains, which rises to an altitude of 6,290 feet. A short distance west, is located one of the most magnificent mountain-resort hotels that I ever have seen—the Mount Washington Hotel, Bretton Woods. (Fig. 7.) The style of the architecture is of the Spanish renaissance. In the summer, this

hostelry and its appurtenance constitute a city in itself.

In leaving this delightful section of country for Portland, Maine, let me urge you not to make the mistake of trying to "do" the White Mountains as a part of a motor tour; rather, travel leisurely, stopping for a few days at the various places, from where you can saunter on foot to most-delightful spots inaccessible to any but the foot-traveler. Many of the finest views are still and must ever be reserved for the pedestrian.

Our route from Crawford Notch descends the steep decline of Tug-of-War Hill, passing "Elephants Head" Rock, the Flume Cascade, with its triple fall, and the Silver Cascade, a third of the 900-foot fall of which is visible from the road. Points of natural beauty abound and there are some memorable views as the road proceeds through Bemis, Bartlett, and the sequestered hamlet of Intervale, to the Maine boundary at Fryeburg, in the Saco Valley. One should go, from here, on to Portland, by the way of Poland Spring, for generations one of the most-famous resorts in New England. Much of historic interest attaches to Fryeburg and its neighborhood; the life-stories of Daniel Webster, Henry W. Longfellow, Starr King, William Dean Howells, and other famous Americans are closely associated with it.

Portland, a city of nearly 60,000, has much of interest. On Congress Street, is the Wadsworth-Longfellow house, where the poet lived as a boy and the home of his mother, Zilpah Wadsworth before her marriage. Longfellow's birthplace, however, stands in the easterly part of the city near the harbor, at the corner of Fore and Hancock Streets. Continuing east on Congress Street, we come to the Eastern Promenade, from which one gets a fine view of Casco Bay with its many beautiful islands. I had previously visited this section several times and wish I had the time and space to tell of the enchanted spots on Casco Bay.

From Portland, we traverse south along the coast to Kittery, the last town on our route in Maine. Then cross the Piscataqua River (Fig. 8), which forms the state-line, to Portsmouth, in New Hampshire, where ancient mansions dating from Revolutionary times give the city a quaint, oldtime air. We run through Portsmouth to the

coast-resort of New Castle, remembered as the scene of the Peace Conference that ended the Russia-Japanese War in 1905. Next, Rye Beach, Hampton, and other attractive seaside resorts are passed en route to the Massachusetts boundary at Salisbury. Newburyport, Ipswich, and several other places rich in memories of olden days mark the route to Salem, once the capital of the state.

Salem! How can one motor through this town without thinking of the history of Witchcraft and of Nathaniel Hawthorne! How can he resist stopping over here to visit the site of the old Hawthorne mansion in Herbert Street and other houses where he lived, in Chestnut Street and Mall Street, the Salem Custom House, where he held the post of surveyor and conceived "The Scarlet Letter"? I do not

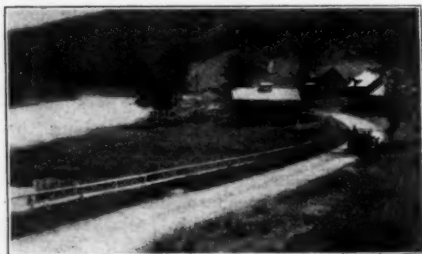


Fig. 8. A settlement along the road.

know—I couldn't. Just to walk the streets of this old town was well worth the entire trip. When I saw "The House of the Seven Gables", I was reminded of what James Russell Lowell wrote about the story—"the most valuable contribution to New England history that has been made."

It was in Salem, at 21 Union Street, that Hawthorne was born and it was to this town that he returned after being graduated at Bowdoin College, in 1825, and devoted himself to writing fiction. If you are not familiar with Hawthorne's works --and I might ask, who is not?--you should read his life and everything that he has written, and then visit Salem, Concord, Lenox, West Newton--places where he lived and worked; then, after visiting these places, reread his works, and you will be doubly interested. How much of interest in this old town, and how reluctantly we did leave it!

The quaint old city of Gloucester may be visited from Ipswich. The main road

is rejoined at Beverly and the route is south through Lynn and Chelsea into Boston.

The City of Boston

I love Boston. To me, it is the most interesting and attractive city on this continent. Its splendid park-system and beautiful suburbs, its museums, libraries and historic churches, its Bunker Hill and "Silver Winding Charles," its Cambridge and the classic halls of old Harvard, nearby Lexington and Concord, all these, and more, await the tourist with a few days' leisure to spend in America's most historic city.

Boston was planted in prayer and nurtured by spiritual uplifting. It is the city whose "hierarchy was based on education, public service, and the importance of the minister--on culture, philosophic thought, literary art, and the ethics of spirituality." These are the qualities that have made Boston, and will forevermore keep her to be, the "City of Beautiful Ideals." Lilian Whiting says, in "Boston Days"--a book that I advise anyone to read, who contemplates a visit to Boston and is not as familiar with the city and its poets, philosophers, lecturers and teachers as he should be--"It is a fact so remarkable as to be unparalleled in the history of any nation that so large a number of eminent persons should be born within a period of hardly more than twenty years in or near one city, all of whom should be drawn to it by some law of spiritual magnetism, as the scene to be identified with their work and life."

What a wonderful group of men and women appeared there between 1799 and 1823! The age of great men, such as lived in New England in the nineteenth century, I fear is going if not already gone. The epoch of the ant-hill, of life in multiplicity, of mediocrity, in everything is beginning. The century of individualism, of socialism, bolshevism, abstract equality triumphs, runs a great risk of seeing no more true individuals. By continual leveling, society, so called, will become everything and the man be nothing. As the floor of valleys is raised by the denudation and washing down of the mountains, what is average will rise at the expense of what is great. The exceptional will disappear. A plateau with fewer and fewer undulations, without contrasts and without op-

positions—such will be the aspect of human society, if things go on as they are tending. The statistician will, perhaps, register a growing progress and the moralist, a gradual decline: on the one hand, a progress of things; on the other, a decline of souls. The useful will take the place of the beautiful; industry, of art; political economy, of religion; and arithmetic, of poetry. The spleen is becoming the malady of the leveling age. May not the general well-being be purchased too dearly at such a price?

It is well worth one's while to visit the city where lived such men as Choate, Garrison, Whittier, Emerson, Theodore Parker, Wendell Phillips, Thoreau, Charles Sumner, Edward Everett Hale, Bancroft, Robert C. Winthrop, James Freeman Clarke, Phillips Brooks, and a host of others equally famous—a constellation of the nineteenth century, whose illumination has not faded as one by one they have passed on into the Silent Land. I much doubt whether it is possible for anyone to walk the streets of Boston and meditate on the lives and deeds of these men and not be filled with higher ideals and a more genuine love of his country. If your patriotism is becoming a little feeble in these times, visit the Old State House, the Old South Meeting House, and Faneuil Hall, those spared monuments that distinctively commemorate those colonial, provincial, and revolutionary events that make Boston unique among American cities. Then drive into "Little Italy," as that section is now called, and visit the old Christ Church at the foot of Copp's Hill, the "Paul Revere House" in neighboring North Square.

More Historic Ground

When we left Boston, we went by way of Lexington, over the Lexington Road, which leads into the Square at Concord. We went over the same ground that Paul Revere and young Doctor Prescott traveled when bearing the fateful news of the coming of the British. We continued on to the celebrated North Bridge, where occurred the Concord Fight which changed the history of a continent. On one end of the bridge, stands a granite monument commemorating the first forcible resistance to British aggression. By the wall, lie buried the two British privates, and, on the farther bank where the militia had stood,

stands Daniel Chester French's noble Minuteman, where was fired "the shot heard around the world."

In Concord, lived Emerson, Hawthorne, Thoreau, Alcott, Louisa Alcott, Frank B. Sanborn, and William Henry Channing—immortals, who left on life and literature a permanent impress. I look upon Concord as the Stratford on Avon of this country. Here was Alcott's School of Philosophy, one of the great contributions to the liberalization of thought. Here lived the greatest philosophers of modern times. The writings of these men alone are more valuable to mankind than are car-loads of the "best sellers" of today.

But, we must look about. At the end of the Square, are Wright's Tavern, where Pitcairn stirred his brandy, and the Meeting House, both of revolutionary interest. On the Lexington Road, we pass "Orchard House," the home of the Alcotts and Hawthorne's "Wayside," and, close beyond, is the cottage of Ephraim Wales Bull, the originator of the Concord grape. Emerson's home is nearby, a white house behind a line of lofty pines and chestnuts. We return to the Square and take the fourth street, the Milldam. At the end of its short length, we turn into Walden Street and drive up Brister's Hill, named for the historic freedman whose cabin and spring near the foot of the hill has been described by Thoreau. A little farther on, lie Walden Woods and the Pond, an irregular body of water of some sixty-four acres, surrounded by woods. Concord's most famous cemetery is Sleepy Hollow. Aside from the interest that arises from its famous graves, there is another, its beauty.

The Concord idyl is the most classic chapter in American history. I have visited Concord many times, and once I was sorely tempted to abandon the practice of medicine and locate there—even went so far as to get an option on the old Alcott home and a rental price on Wright's Tavern. I believe I could have been happy there in literary work, for, as has been so truly said by Allen French: "the hardships and the courage of the founders have left here pathetic and inspiring reminders. The deeds of our ancestors who freed us have their memorial here. Here, too, those great in thought and literary art have carved their message deep. And there is more,

The voiceless generations have left their footprints in this place, so that, from the earliest times till now, the student can trace their progress in all ways that affect human comfort and happiness. In Concord, among so many noble memories, earnest lovers of America will find inspiration for the duties and decisions of today."

From the moment we left Boston, there were objects of vital interest all along the way. Lexington and Concord, however, were of such absorbing interest that we were compelled to spend considerable time there. Indeed, I could spend profitably and joyfully an entire summer in Boston and vicinity; however, our time was limited, so, we bade goodby once more to this beloved section and headed for the home of my young manhood—the Berkshire Hills, by way of the incomparable Mohawk Trail.

Leaving Concord, we pass extensive powder-works in the township of Acton, cross the Assabet River, enter the quiet villages of Stowe and Bolton, and, just



Fig. 9. Luncheon on the mountains, Athol, Mass.

after crossing the Nashua River, we pass the Beaman Oak, the largest oak-tree in Massachusetts, a tree twenty-nine feet in circumference at the base, seventy-five feet in height, with about the same spread. Here Gameliel Beaman settled in 1659. From here, the route continues along the broad valley of the Nashua River to Fitchburg; where, soon after leaving this place, we begin the ascent of the great ridge that divides the waters of central Massachusetts. From here, we went through Westminster, Gardner, Baldwinville, and Athol, a little west of which latter we stopped for luncheon with a party of friends who had driven east from Hoosick Falls and met us there. (Fig. 9.)

The scenery from Orange west is extremely picturesque, the mountains rising sharply from the river to considerable heights. At Turner's Falls, is where, in 1676, Captain Turner, with a force of Colonial soldiers, defeated a band of King Philip's Indians, killing 250 of them, with the loss of but one man. He later was defeated by a rally of the savages and was killed together with many of his men. A half mile or so farther on, the road crosses a suspension bridge over the Connecticut River and climbs a long grade, affording a wide and beautiful view across the valley of the Connecticut, skirts the base of Rocky Mountain, at the lower end of which is a square observation-tower—the Poet's Seat.

We soon enter the beautiful city of Greenfield. From here, we drove three miles south to the old town of Deerfield, the scene of many Indian attacks between the years 1675 and 1709. There are many old colonial houses here. In Memorial Hall, one can see many remarkable collections of Indian and Colonial relics. At the center of the village, is the Soldier's monument and the site of the "Old Indian House," the stout door of which, hacked by the tomahawks of the Indians, is preserved in Memorial Hall. The story of that fearful February night has been sung almost as fully as the siege of Troy. One should see the Old Tavern, or Frary House. Benedict Arnold stopped here in 1775 and bargained in the north front room, then the bar-room, with Colonel Dickinson, for the latter to furnish beef for his force of 400 men. Only one other house now standing shares with the Frary House the honor of having witnessed the memorable massacre; namely, the Willard House, the birthplace of the father of Ethan Allen. Several other fine old houses are left in their primitive state; one of them is the summer home of J. W. Champney, the artist. I visited the old home and met there the widow of the noted artist George Fuller, whose name is Deerfield's pride and glory. Mr. Fuller was one of the strongest, most original and poetic of American figure- and landscape-painters.

[To be continued.]

Divulsion of the Anal Sphincter as a Cure for Constipation

By CHARLES C. MILLER, M. D., Chicago, Illinois

32'n State St

IT is my belief that about eight out of ten sufferers from constipation can be cured by a thorough divulsion of the anal sphincter. Constipated people have tight sphincters; a tight sphincter produces constipation; constipation produces a tight sphincter. There is no more perfect illustration of a vicious circle in disease than is seen here. Unless proper measures are taken to correct it, the condition will persist indefinitely.

Constipation develops gradually as the result of a neglect to recognize minor impulses to defecate. The physiological disarrangement that occurs as the result of such neglect is, a contraction and tightening of the sphincter. The mechanism of this process seems to be comparatively simple. A small amount of semifluid fecal material passes into the rectum. It is sufficient to produce a slight impulse to go to stool. This becomes conscious, but, it is not entirely recognized or it is ignored, as it may be inexpedient to satisfy the urge at the time.

There is present a constant downward peristalsis of the musculature of the bowel. An impulse to contract is carried to the sphincter from the centers controlling it. Against the downward impulse of peristalsis, there is opposed the ever increasing tightening of the sphincter. More fecal matter passes downward from the sigmoid flexure into the rectum. Absorption of fluid is constantly taking place, the bowel contents becoming more and more firm. The mass of the stool becomes larger and at the same time more bulky and difficult to pass a spastically contracted sphincter. Eventually, only the strongest of peristaltic impulses, in connection with all the accessory means of expulsion that the subject can bring into play will make expulsion possible.

Thus, defecation occurs only as a result of excessive stimulation of the expulsive mechanism. The passage of the mass through the sphincter does not dilate it sufficiently to cause any relaxation of the muscle. As time goes on, the sphincter be-

comes constantly in a state of contracture and thus an obstruction to the passage of the intestinal contents, except as the result of excessive stimulation.

The anal sphincter of constipated people is large, firm, and tightly contracted. It is a permanent obstruction to the free movement of the bowels so long as it is allowed to remain in that condition.

The most effective way to dispose of the overdeveloped and overactive sphincter is, to anesthetize the patient and to divulse it thoroughly. Few surgeons realize the importance and the value to the patient which comes from a thorough divulsion of the sphincter. If well done, the muscle is permanently relaxed. It serves perfectly its purpose of retaining the fecal contents until voluntary expulsion is desired, yet, is eliminated as an obstruction to normal bowel passages.

To divulse thoroughly the sphincter, complete surgical anesthesia with ether is required. Divulsion causes deep, irregular inspirations on the part of the patient; therefore, chloroform is particularly dangerous as an anesthetic, unless the anesthetist be expert and advised of the likelihood of the patient taking sudden deep inspirations when the divulsion is begun.

Some operators divulse with a speculum. I prefer the fingers and thumbs. With the index- and the middle-fingers of each hand, the muscle can be stretched and pulled upon until it becomes completely patulous.

Violent jerking with the hands is unnecessary, while just a few tugs are not sufficient. The muscle should be gradually relaxed by firm traction with the two hands until it is flaccid and the rectum patulous.

Unsuspected internal hemorrhoids not infrequently come into sight when thorough divulsion is performed in a patient that has long suffered from constipation. To deal with them, is a simple matter, after the muscle is thoroughly relaxed.

The important points of the after treatment consist in educating the patient to

give attention to the more or less slight impulses to go to stool which occur when the comparatively small amounts of fecal matter accumulate in the rectum. If the patient is sufficiently cognizant of these

impulses and a rather coarse and bulky diet is favored for a time, a complete cure of the constipation will occur with such regularity as to surprise the average physician.

Who is Responsible for Drug-Addiction

By CHARLES B. TOWNS, New York City

IT is natural for the average human being always to want to blame something or someone for his own shortcomings, defects or vices. It is a survival of the Paradisian "'Twas the woman that tempted me to eat of the apple" principle. Indeed, it is one of the most mischievous traits that have been handed down to our generation by the ignorance of the ages, and is particularly true of those addicted to the use of drugs or alcohol; for, it has made arrant cowards of thousands and scores of thousands of men, that otherwise might be inclined to face boldly and conquer their degrading habit. And, right here, I want to go on record, once and for all time, to the effect that—all the old granies in the world to the contrary notwithstanding—there is no such thing as inheriting the alcohol- or the drug-habit.

A man's father and mother—and all his relatives, back to Brian Bhoru or Julius Caesar—may have been drunkards or opium-smokers or cocaine-snuffers; still, that does not constitute the slightest reason why the man, himself, inevitably must be a drunkard, a "hop-find" or a cocaine-user. For, the drug-habit, like any other habit, is an acquired trait; and, acquired traits are not transmissible.

I know that this assertion will cause acute mental discomfort to the many that have made their family and friends, as well as themselves, believe that the unovercomeable and most grave and respectable reason for their excessive indulgence is, that their father or grandfather transmitted to them the "hankering" for the poison. But, there is, in science, absolutely no basis of justification for such a claim.

That Inherited Unstable Nervous System

This does not mean, however, that a man may not inherit an unstable nervous

system from ancestors that had systematically poisoned their organisms. A man that has a father whose cells were thoroughly saturated with "booze" and tobacco, could, and probably would, inherit a defective nervous system. But, he could not inherit a craving for narcotics or alcoholics.

Thus, then, get it into the mind of the alcoholic or the habitué, as soon as you can and with all the force of which you are capable, that it is his own lack of nervous stability, and, not the skeleton hand of some dead and gone ancestor, that points him to the road of alcoholism or narcotic addiction. For, no matter how much alcohol or drugs his ancestors may have consumed, it is impossible for anyone to be inoculated by them with a craving for these poisons.

If a man is a drunkard or a habitual user of narcotics, he is so *because he wants to be*, and because he has poisoned his cells so that they continually cry out for more of the stuff that is poisoning them—as is there nature.

It is a fact that, in 90 families out of 100, anyone that looks with sufficient diligence (and most alcoholics can be trusted to do this) can find just such an excuse for his own weakness. In thousands of instances, even physicians have taken seriously such excuses offered by their patients. But, the doctor that listens sympathetically to his patient's babble about heredity is sure to be misled, while the patient that believes this all too commonly accepted theory robs himself of his strongest weapon against his habit—his own conviction of his personal responsibility and power of self-help.

I am not minimizing the fact that certain alcoholics seem foredoomed to drink to excess, because their highly nervous organisms crave the excitement conferred

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by alcohol; because they do not get enough to eat; or, because they do not assimilate their food; or, because their tissue-cells cry out for fuel. Still others become alcoholics, because, through the help of stimulants, they have habitually forced themselves to overwork, to bear burdens of responsibility beyond their normal strength, or, to overcome poor health, eye-strain, grief or anxiety.

These people may be physically or mentally abnormal; but, they do not suffer from "alcoholic disease," as such. For, the records of my hospital-work show that, where a patient with an alcoholic history has been scientifically and medically treated for his habit, the definite removal of the craving for alcoholic stimulants is just as effective in his case as in the case of a patient that has no trace of alcoholic taint in his family.

Further, I can show from our case-records and clinical notes that, in the cases in which such a patient, through weakness, relapses into taking stimulants, he never charges that the source of his weakness is a craving for them. The urge may have been psychic—business-troubles, a family-quarrel or what not, but, it was not alcoholic craving in itself.

Alcoholic Disease a Chimera

I want, also, to emphasize, with all the conviction of which I am capable, that there is no such things as an "alcoholic disease". There are diseases engendered by alcoholic poisoning—there are degenerative conditions both of mind and body brought about by alcohol—but, there is no such thing as the "disease of alcoholism".

The alcoholic is a sick man; however, he is sick because of the alcohol used. He is not an alcoholic because of an inherent psychosis that impels him to the use of alcohol.

Another thing, the alcoholic, mentally weakened by the reaction of the stimulant, always ready to shift the blame for his conduct from himself, is chronically afflicted with a craving for sympathy. Mothers, fathers, wives, and friends grant him, not alone pity, but, even tolerance for this state of mind, instead of knocking the psychologically harmful props from under him and making him stand up on his own feet.

Now, the only extent to which a man can be alcoholically diseased is, the extent

to which he has been taking alcohol, in such quantities and with such regularity over a certain period, that he has established a definite tolerance. If he has been taking the drug in sufficient amounts, this tolerance would mean, in the end, that, if he were suddenly deprived of his stimulant, delirium tremens and all the unfavorable consequences that may come out of this condition would result.

Delirium tremens is a disease; alcoholic insanity is a disease; but, these have their origin in nothing but alcoholic poisoning. If the man be medically unpoisoned, he can not experience any of these diseased conditions; neither can the unpoisoned alcoholic have any physical or mental craving for alcohol. Further, if he has been drinking moderately or just occasionally, and the period of his present debauch is not too long extended, his alcohol can be stopped without fear of harm whatsoever.

Sickness, worry, unhappy circumstances of every sort must be eliminated as possible excuses for alcohol or drug-indulgence. If they are not, the victim of these habits, although he may gain for a time the mastery of his besetting sin, will presently be certain to furnish himself with an excuse justifying his return to it. Then will come a new downfall, and he will be more difficult to retrieve than in the first instance.

In these circumstances, however (and, unfortunately, there are scores of thousands of these in which the drug has been administered without the knowledge of the addict), the responsibility for the development of his tolerance must rest with the one that first administered or first supplied the drug. In this respect a great army of present drug-takers never were properly safeguarded against forming the habit—much less properly helped in overcoming it.

Physicians Must Bear Much Blame

The average physician, for one thing, never has realized how easily the drug-habit may be established, and, so, in perfectly good faith, he has prescribed opiates for the relief of pain or discomfort, which pain or discomfort it might have been possible to relieve in other ways. So, the patient, naturally, associating his relief with the means adopted to ease him, has persisted in the use of the opiate, when possibly it no longer was necessary. This is particularly true if this suggestion of

relief happens to be associated with the use of the hypodermic. Conservative physicians are so keenly aware of this possibility that some of them go so far as never to carry a hypodermic outfit on their visits; daily observation showing that the average doctor considers the instrument indispensable.

In the case of those that take an opiate in order to blunt pain that can be allayed in no other way, the drug is fulfilling its legitimate and supreme mission. There is no substitute for it. Where it ever was physically necessary and that necessity still continues, an opiate would seem to be inevitable. But, the percentage of such sufferers, as I have said, is small. The overwhelming majority of drug-addicts are impelled to their addiction simply by craving—that intolerable craving that arises from deprivation of the drug.

Many Nurses, Too, at Fault

Nurses, too, have a heavy responsibility to shoulder in respect to drug-addiction. For, scores of thousands of habitués have been broken into the use of the drug that subsequently owned them, body and soul, by a careless nurse, debonairly seeking the easiest way to bring relief—irrespective as to what she might be bringing on while giving this relief.

Until a very few years ago, it used to be the custom, now happily almost defunct, for nurses to resort to the hypodermic under every lightest excuse. Patients had but to complain of pain or distress, when, sometimes without trying, much less even exhausting, other measures for accomplishing the same amount of relief, the ever-ready hypodermic would be produced. So that, by the time the sufferer from articular rheumatism, or neuritis, or gastritis, or asthma was discharged as cured, he was firmly bound in the subtle thread of the drug-habit, as was Gulliver by the Lilliputians. For, the victim learned to know what it was that gave that pleasurable sense of ease. And he knew where to get more—in the form of paregoric and other druggist's devil-brews that take the man out of the human estate and turn the wreck over to the ape and the tiger-nature.

Harmful Galenicals

Yet, when anyone can go into almost any drugstore and buy paregoric, it can readily be understood how upon the laxity of the law that permits this practice there

can legitimately be charged a damning responsibility.

Paregoric contains 46.5 percent of alcohol, and 1.9 grains of opium in each fluid ounce. A "shot of booze" that would satisfy the most exacting toper, and a dose of morphine equivalent to that usually given a normal adult. Yet, the sale of this tincture comes within the law that permits the traffic in "remedies" that do not contain more than

"2 grains of opium, or
1/4 grain of morphine, or
1/8 grain of heroin, or
1 grain of codeine, or

any salt or derivative in 1 fluid ounce of liquid, or 1 avoirdupois ounce of solid or semisolid preparation."

Cough mixtures and "anodynes" containing these dangerous habit-forming drugs are sold indiscriminately, practically without let or hindrance, under the mercy of a law that protects the self-sacrificing manufacturers of doped, patent or proprietary medicines in their exploitation of a poisoned public. In fact, the extent to which the manufacture, sale, and use of many so-called "patents" and "proprietarys" are responsible for the growth of drug-addiction is not even now understood. Yet, these preparations are all dispensed within the law. They are part of the regular stock in trade of every drugstore and are sold in the regular course of business, with perfect legal propriety.

Yet, case after case could be cited in which the taking of opiates began with the taking of some proprietary medicine, sold freely, under the present law, in drugstores, without a physician's prescription. The patient goes to a druggist and gets something for headache, neuralgia, insomnia, a troublesome cough or rheumatic or gouty trouble. The "something" he gets contains just enough narcotic to relieve the pain, and, so, the man or woman comes back regularly for more. Thus the habit is established; for, as we have seen, the drug-habit is fixed, not, by the quantity of the drug taken, but, by the regularity with which a quantity, however small, is taken for a period long enough to establish tolerance and fix the habit.

Confirmed drug-habitués have also grown out of the use of "diarrhea-mixtures" containing certain small quantities of opiates that can be prescribed and sold by the

druggist in any amount. I have trustworthy knowledge that, when the Harrison Narcotic Law went into effect, a confirmed opium-taker in a Connecticut village, finding that she would have difficulty in getting her accustomed supply of drug, went to her apothecary in great distress.

She learned from him that paregoric would produce the results that her system had come to demand. She experimented with one bottle of paregoric, and, finding it satisfactory for her purpose, immediately purchased all the paregoric the druggist could sell her—it was no less than eight gallons!

So, no really informed person now questions the fact that the present state and federal laws have not accomplished the purposes for which they were intended.

Yet, neither the medical profession nor the druggists are willing to admit responsibility for the utter inefficiency of the present method of narcotic regulation. Indeed, it is rather significant that the drug interests have officially put their unqualified approval upon the law as it exists at the present time—a *laissez faire* endorsement with a vengeance!

In view of all these facts and in view of the further fact that the situation is rapidly growing worse, all the various interests concerned must be brought to co-operate toward lessening this evil. In no other way, is it possible to fix the responsibility and to correct an iniquity that is perhaps the most debasing and degrading one that has ever been perpetrated by man on his brother man.

Experiences of a "Rookie" Medical Officer

By Lieut. G. H. CONN, M. C., U. S. A., Remount Depot, Camp Taylor, Kentucky

I HAD been practicing medicine in a little country town in northern Ohio for five years before war was declared and was enjoying about as much prosperity as is the lot of the average practitioner; but, there had been so much talk of war that I was very much concerned about it, as I was well within the draft-age and knew that, if war ever came to our country, I would do all that I could to help out as much as possible.

The increasing submarine atrocities and deliberate sinking of American and neutral vessels, both passenger and commercial, were persisted in during the winter of 1916 and the spring of 1917, even after Germany had declared that such practices would be abandoned. The situation during the early part of 1917 was becoming very alarming, and it was thought by almost everyone that a war with Germany was inevitable. At last, the day that had been so long delayed had come and on April 6, 1917, we declared war on Germany.

Secretly, I had been debating, for the last few months before our own country declared war on Germany, as to whether or not I should join the allied cause. So, when our country did enter the war, you can very readily understand how anxious

and eager I was to join the colors. I, at once, began to shape my business and professional affairs in a quiet, unsuspecting way for an early enlistment. My folks were very reluctant to see me go into the service at this stage of the war, as they felt that I could be of much service at home and that, under the circumstances, I could, and should, be exempted for the time being; while, no doubt, the war would be over before my services would be in actual demand.

Personally, I felt that I should be back home long before a year was up, and, now, here, at the end of a year, I am wondering whether I may get back to my home even in two more years. There were thousands of professional men in the United States that felt about this just as I did: that the trouble would soon be over and that their business would be ruined; consequently, that the army could get along without them. However, it was not long before the people began to realize that they were facing a gigantic struggle and that we should need almost all, if not all, of our available young men to bring this war to a successful termination.

Taking the Examination

All through the weeks immediately following the declaration of war, my folks

and I debated the question as to my enlistment and, like most other folks that loved their "ain folk" (as Harry Lauder would say), they would not give their consent without a protest against my joining. The time wore on, and finally July 4, 1917, came along. It was only a day or so before that I had made up my mind to go to Columbus, Ohio, and take the examination for a commission.

So, on July 4, 1917, I started for Columbus, and bright and early the next morning I was at the examiner's office



Lieut. G. H. Conn, M. C., U. S. A.

and, after filling out my application-blank and another blank that contained about all the history of myself and ancestors for several generations back, he took me into his private office and proceeded to examine me. You understand that this was the examination to determine my professional qualifications as an officer in the U. S. Army. While it has been quite a little over a year since I took that examination, I can not determine to this day why a lot of the ques-

tions that were asked me should enter into such an examination. However, I must have gotten by in pretty good shape, for, after a few minutes, the examiner said to me: "That will do, the stenographer will give you a medical-examination card, then you may take that to the examining surgeon at the barracks." After having the location of the barracks explained to me, I proceeded to that point, to take the physical examination.

It did not take me long to find the building in which the examiner was located, but, I had an awful time getting to his room. I would report first to one soldier at a certain room, sometimes up stairs and sometimes down, and finally, after I had been referred to about every soldier in every room of that vast building, I finally met the man that took me to the place to where I wanted to go.

What a terrible time one has in locating anyone or an organization at an army camp of any kind. No one ever seems to know anything about what you want to find out, and, while I have been in the army now for a year, I find that this is the situation as it always has been and always will be.

The examination was duly begun and it, too, was considerably different from what you would suppose it to be. I do not think there was anything that the officer ever had heard of anyone doing to anybody, in an effort to find out whether his machinery was in good repair, that he did not do to me. He almost ruined my ears trying to find out whether my ear-drums were good or not. I was very fearful that they would not be as good after the examination as they were before. He had a German name, and I almost felt inclined to wage war on him, thinking, maybe, that he was trying to incapacitate in this way as many young men as he could, as an aid to Germany; however, I afterward learned that his methods were perfectly legitimate and in accord with instructions from the war department.

At last, the examination was finished and, as the first examiner had instructed me to return to his office as soon as my physical examination was finished, I did so and reported to him the result of the examination. This being satisfactory, he told me that I was to return to my home and that, no doubt, I should get my com-

mission soon. In about two weeks after returning home, I received notice from the war department that I had been found competent and had been recommended for a commission in the Officers' Reserve Corps of the U. S. Army, and about a week later my commission arrived. I am honest in saying that I was, indeed, quite proud of it. I thought how nice it would be to be an officer in the U. S. Army and to look so spick and span in the olive-drab uniform of the greatest army of the best country in the world and to be admired by all your friends.

Disappointment and Disenchantment Awaited

Little did I think then how much responsibility there is connected with the duties of an army-officer in such a war as this one. It means more to a man from civil life to accept such responsibility than he possibly can imagine; for, no civilian or professional man can ever realize just how great is the difference between the life in the army during wartimes and that of the average homelife. Then, too, the strict discipline in the army and the long hours of hard work are very much different than what many men thought they would be when they entered the army. It is difficult for me, even now after a year's service, to realize how greatly different this life is from the one I had enjoyed previously; nevertheless, for all that, there never has been a time when I regretted my coming into the service.

The next few weeks were full of anticipation and much speculation as to when I should be called and to where I was to be sent. At last, the long-looked-for word arrived, ordering me to camp. In the meantime, I had been busy, as spare time permitted, in getting ready to report when my orders came; but, even so, I was unable to get away in less than two days afterward.

Trials and Tribulations Galore

On the morning of September 24, 1917, I started for the camp, to report for military duty. I doubt very much that you can imagine the many thoughts that passed through my mind that day, unless you have gone through the same experience as I. I wondered what I should say when I reported to the commanding officer, and I wondered how I should say it. I wondered where I was to stay that night and

whether I should be allowed to leave the camp. I was very ignorant of military life and military affairs in general, so, you can imagine with what fear and trembling I went to report that day.

How slow the time did pass and how slow the train was running that day! (so it seemed to me). Still, in due time we arrived at a large city within two-hours' ride from the camp, and, here, I had to wait two hours before I could get a train. In this time, my fears somewhat abated and my pulse became almost normal; at last, my train steamed in and I was on my way to camp again. The time, it seemed, would never pass and the distance to my destination seemed much farther than I had been told. At a little past 2 o'clock in the afternoon, we arrived at the camp-city, and, as the camp was just outside the edge of the city, it was not long before I was on my way to the camp in a taxicab.

I was in more difficulties than you can imagine, for, no one that I asked seemed to know where I could find the officer to whom I was to report. I fear to venture making a guess as to the number of soldiers that I asked for the location of the office that I was hunting, but, apparently, they must all have been new to the camp, too, for none of them could tell me. I have often wondered why it is almost always impossible for a soldier to give you much general information about the camp in which he is located. It seems that they very seldom are ever able to give you the location of any branch of service outside their own. I guess that most of them are too busy and do not have time to get such information. What time, during the day, they have, when they are not drilling during the first few days in the camp, they spend in resting. When they do get a little time in which they can look around, the novelty has worn off and they do not make further inquiries.

At last, I found the office where I was to report—and, what a busy-looking place it was! It was an old farmhouse, and, out in front, stood an automobile with a small silk flag on a small pole mounted on the radiator, and on the flag there were two stars. I did not know what that meant, but, I afterward learned that that was the car used by the major-general in command of the camp. A span of horses were being

held by soldiers out in front, and officers and men were constantly going in and out.

Unpleasant Surprises in Store for the Novice

After passing through two rooms, I was shown into the room occupied by the officer to whom I was to report. A very young officer was sitting at the desk and I walked up directly in front of his desk and asked whether the officer that I wanted to see was in, and he informed me that the general was out. However, he inquired about my business, when I said that I was to report as an officer in the U. S. army. He asked me whether I had my orders with me, and, as the papers were in an inside pocket, I laid my hat upon his desk and proceeded to find them. I had no sooner laid my hat on his desk than he made one grab at it and threw it across the room and into the corner, and then said: "What do you mean by reporting here in that kind of outfit? You get out of here and put on a uniform; and don't you come back here until you do get one on, either."

Can you imagine how angry I was and how I wanted to lay hold of that little officer? I just wonder what would have happened if he should have done that to me in civil life; I am almost sure that one of us would have been laid up for repairs. It was a very good thing for me, I guess, that I was nervous and excited all day or I might have done something to him that would have gotten me in bad.

I was ignorant of military deportment and courtesy and did not know then that, when you are in the presence of a superior officer, you should stand at attention, and not support yourself by your hands on his desk or sit down or otherwise make yourself at ease, unless given the command to do so. Anyone just coming from civil life and reporting for military duty is much embarrassed and disturbed even when he receives due encouragement and proper instructions under such conditions; but, the feelings of one who receives such treatment as I did can be understood only from actual experience; and, I give you my word, such experience is the most trying and disagreeable one in the world.

I gathered up my hat and left the office and proceeded to the city to secure the necessary garments in which to report. I did not know what to secure, but, I later learnt that some clerks will sell you a

great many things that you do not need and that you never can use. Later developments convinced me that I got a hold of just such a man as that. I bought everything that I thought I should need and some things that I didn't need. Some of the articles I did not know how to use after I had them, among them being a set of spurs that I bought and put on. An officer, who evidently surmised that I was a new one and not acquainted with the regulations governing army-dress, told me that I had them on upside down, and that, anyhow, I need not wear them, unless I was mounted or was wearing boots. I am almost sure that he saved me a lot of embarrassment and a reprimand from the officer to whom I was to report.

I now made inquiry of this new officer friend and he put me on the right track and also informed me that the "Sam Browne" or "Liberty" belt that I had purchased was worn only in France and that it should not be worn in this country at all. Well, even though I never go abroad, the ten dollars I spent for it will not ruin me financially, although it did convince me that it often saves you a lot of worry and anxiety and not a little cash if you will but ask a few questions about matters that concern you but of which you have so little knowledge.

Under the Wire, at Last!

I got information from my acquaintance as to the proper manner to assume when reporting, and, so, on the following morning, I reported to the proper officer. My orders were looked over carefully and a copy was taken of them. Then I was sent to another office with my orders and told to report there. I did so, and from here, after more copying and some questioning, I was given the location of my new quarters and told to proceed there and secure the necessary bed-clothing to make me comfortable.

I arrived at my new quarters and reported to the major in command and, after showing him my orders, I said, "I guess I'll stay in town for a while." The major said, "Come with me" and I did. He led me down the hall to the far end and pushed open a small door and said, "This will be your room, and this is where you'll stay." He led me back to another room and opened that door and there was a long board table and a bench on either

side, and he said to me, "Here is where you will take your meals." I wonder whether I ever shall experience such a sensation again as long as I live; I do not think that I shall, for, here I was with plenty of money to secure what few accommodations I desired, and I was ordered to make the best of what they ordered for me.

What a wonderful lesson I had learned, and here I had been at the camp only two days or really scarcely that. It's a peculiar feeling, though, when you are told

to do something that you would not need to do of necessity, yet, know that you must do it. But, then, that is discipline; and there could be no army worthy the name without it. However, the transition from civilian life, where I could do as I pleased, to that of army-life, where I must do what I was told, whether it pleased me or not, was so very sudden that I had not sufficient time to adjust myself to the change. Do you know that a lot of old army-officers call us "Sears-Roebuck officers"?

[To be continued.]

Medical Service in the Army: A Retrospect

By A. L. BENEDICT, Buffalo, Late Captain Medical Reserve Corps, U. S. A.

TWO or three weeks after the armistice was declared, the surgeons that had originally belonged to the Medical Reserve Corps or had entered the service, from civil life, after the subdivision of the army had been eliminated, were given blanks upon which they were requested to choose either between immediate and absolute discharge, prompt discharge to the reserve, and permanent retention in the medical corps. The majority of the writer's acquaintances chose the first alternative, as was but natural, since the words "immediate" and "prompt" were understood as being relative terms. The desire of men—who had volunteered for military service solely because of the war and with no intention to make it their life-work—to return home as soon as possible after the cessation of hostilities is easily understood. It seemed, even, that, the shorter the period of actual service, the greater was this desire. This, however, is easily explained, as, after a service of a year or longer, men became accustomed to military life, so that it made little difference to them, financially, whether they delayed their return to private practice for a few months longer or not.

Looking at the matter from the standpoint of the government, it also is easy to comprehend that adherence to the text, that "the last shall be first", by no means was an indication of contrariness, as some declared, but, only the natural desire to retain those more or less trained for the duties connected with the demobilization. The

fact, that comparatively few expressed a preference for permanent service, was largely explained by the relatively more advanced ages of successive groups of physicians coming from civil life, the younger men inclining to the army as a vocation, they having, for the most part, already gone in as "regulars" while the distinction remained.

Why They Wish to Get Back Home

We can not, however, ignore the general feeling that military service involves a high degree of discipline, self-denial, and self-repression, and often more or less disagreeable duties, things that do not appeal to a people that thinks as much of liberty as does ours, and that the medical profession, while called upon for self-discipline and self-denial to a considerable degree, is accustomed to nominal independence and to a deference decidedly different from what would be encountered in the army. A surprisingly large number of surgeons admitted, also, that they had earned a great deal more in civil life than their pay and perquisites amounted to. There had been much grumbling by many, some had expressed themselves quite bitterly with regard to the discipline, scant opportunities for promotion, restrictions of practice, disregard for individual preferences, professional or otherwise. Others, however, had highly enjoyed the military life and had, apparently, found nothing irksome in it; some were frankly homesick in differing degrees, while yet others seemed free from this element of discom-

fort. There were great differences—not consistently explained by previous habits and opportunities for self-indulgence—in the amount of subjective discomfort caused by the social and physical hardships of army-life, which, of course, varied greatly in different assignments, even within the same camp or station.

One peculiar fact was, that, while most men, during active service, had welcomed almost any change of station or duty as calculated to mitigate the monotony and to vouchsafe a thrill of excitement, many seemed to base their desire for immediate discharge largely upon the ground that "you can't tell what Uncle Sam is going to order you to do next." While the writer does not recollect that this was given as a reason for desiring immediate discharge and he knows of no one that had suffered from it, nearly all student officers at training camps had, as they came to it in their studies of military matters, objected to the Article of War that renders it possible to try a soldier or officer for almost anything to which his superiors may object, in addition to the comprehensive category of actual offenses both of general and military nature.

Why Americans Dislike Military Life

The fact remains that the average American does not like military service, especially in these times when discipline is exacted in every rank, with increasing severity, and when efficiency and insistence upon industry call for long hours and continued mental and physical strain. So far as can be learned from history and from conversation with Civil and even Spanish-War veterans, this fact seems to be a greater factor than ever before, and, while in many ways the welfare of all has been better secured and, in particular, the possibility of abuses of power by officers over enlisted men has been removed, the military service of all, and especially of officers, is extremely strenuous.

The writer had always accepted it as an axiom of hygiene, that business men and professional men in general can not, as a routine, endure the long hours possible in manual labor, and that mental work requires relative freedom from physical work, except in the form of mild exercise performed solely as a pleasure; and, in particular, that any claim of one's being able to attend continuously to 50 patients a day

either is false or means the inclusion of numbers involving merely running through a hospital ward and exercising a nominal oversight over patients otherwise attended to or requiring no attention.

The military experience of the present war has shown that these assumptions have been incorrect, at least as applying for periods of several months, and that the civilian standards of industry for medical practice are very low. Whether the military standards would prove feasible for an indefinite period, at least with allowance for study aside from the actual observation of patients and for the private interests which most men consider necessary, remains an open question. There is a considerable difference in individuals, which can, perhaps, be best illustrated by the writer's personal confession, that the same expenditure of muscular energy and of mental work, if they were susceptible of an analogous quantitation, involves far more fatigue when obligatory than when it is voluntary, according as it does not or does correspond with certain predilections, and that the necessity of accuracy—as in most medical duties—involves an additional strain. Without regard to difference in endurance, muscular and nervous power, some individuals seem to feel fatigue merely in proportion to the actual amount of work done. Obviously, those of the latter class are better adapted to military service of every kind than are others not so constituted.

Some Particular Reasons for Dissatisfaction

Many of the complaints voiced by the temporary surgeons can be reduced to the reaction to the military conception of rank. Generally speaking, the reservemen were subordinated to those of the regular establishment, and all of the latter were, at least, ranked as majors, by the spring of 1918, excepting the very recent appointees, very few of whom would have been in the army if war had not occurred. On the other hand, very few of the reserve men got beyond this rank of major.

Obviously, the opportunities for acquiring strictly professional skill and prestige had been in inverse ratio to rank, in a general comparison between reserves and regulars. Moreover, the former could, in all cases, imagine or pretend to imagine that they possessed high degrees of skill and

prestige, while the latter had been trained to associate authority, even in strictly medical matters, with rank. These conditions inevitably led to friction and dissatisfaction, especially dissatisfaction, as rank has quite an efficient means for eliminating friction of this kind. It was hard for a physician of years and reputation to take orders from a junior (in years), who would have been quite a nonentity in a medical society; just as hard, in fact, if the years represented only two or three quinquenniums from the medical college and if the reputation were purely local or confined to the individual's own self-esteem. Some men were very much impressed with the fact that they had been appointed as specialists and were willing to go outside their specialty only in case of an emergency.

The writer confesses that the subordination of specialties to the three great divisions of medicine, surgery, and laboratory-work, although a very sensible modification of the preliminary announcement of a large number of specialties, was somewhat of a disappointment; still, so far as personal enjoyment and benefit were concerned, the introduction of new or long-disused professional interests was welcome. In some instances, the assumption of special skill on the part of the surgeon was a joke, as for example, when the writer was designated a dermatologist; but, it does not seem to have been carried to the extent of working injury to patients, at least not without the participation of the surgeon himself in the deception. When rank implied sins of commission or omission in regard to therapeutics or even diagnosis, not only personal pride, but, and more especially, professional conscience was involved.

Irksome Limitations

Aside from the direct question of rank, the general orders of the medical department limited both the armamentarium of the surgeon—or, rather, of the physician—and the choice of diagnostic terms. Probably most medical reserve men received from the government from one to several hundred dollars for time spent in devising some way to record a disease that would conform to the established nomenclature and, at the same time, not be absolutely untrue nor susceptible of being utilized to prove their own capacity. In a few in-

stances, in accordance with general regulations or by direct order from higher rank, one had to falsify the records or treat given diseases differently from the way he himself considered proper. There can be no serious objection to being compelled to use a certain prescribed selection of synonyms or of arranging them in reverse order, nor to dispensing with speaking of subacute conditions and terming them acute; but, it does seem that, otherwise, any generally accepted diagnostic term ought to be allowable. It seems even more important that drugs that are official or even are endorsed by a respectable minority of the profession should be available, also that instruments and apparatus should be available at the discretion of the attending surgeons, and that without delay because of red tape, especially when this does not involve any great expenditure of money.

It, furthermore, seems that rank should be abrogated in favor of professional skill, as Civil-War surgeons have declared was the custom at that time. As to this latter point, however, the writer never encountered a case of clearcut violation of the principle involved and alludes merely to general complaints, but, of which he, himself, had no personal knowledge, aside from the somewhat arbitrary establishment of diagnoses and methods of treatment, by rank, on debatable cases.

Quite a number of men in the reserve corps made themselves miserable because of the failure of the proper authorities to recognize their superior qualities.

It was, perhaps, this attitude that rendered necessary a stricter insistence upon rank than otherwise would have been necessary. It was inevitable, in the haste of a sudden enormous extension of the medical department, that commissions should have been bestowed without an absolute correlation of merit and rank. The urgent necessity for general military experience required the rapid promotion, of members of the regular medical corps, to executive positions over volunteer surgeons of greater experience and prestige medically. For a few months, even the latter were promoted, often two grades at once, so as to provide for the large number of higher commands suddenly created; and then followed a long period in which there seldom was the need for officers of high rank.

and in which there rather was an embarrassment of riches in the way of majors.

There were comparatively few cases in which complaint could reasonably be made, either about the rank of the individual—with due regard to the conditions mentioned—or about the abuse of authority—with due regard to the different points of view of the military and of the medical professions. It seemed to the writer that, if any complaint were justified in regard to the practical expressions of the conception of rank, it should have been directed rather at the amateurs than at the professional soldiers. Conditions, in every respect differed widely according to the particular nature of the medical work and the station: in some assignments comparatively low ranks carried great authority and independence, while, in other, majors, at least, occupied subordinate positions. Generally speaking, however, actual practice devolved upon lieutenants and captains, although a good many majors retained at least special or consulting practice. Beyond this rank, the work was almost entirely executive, although many of the higher officers of the regular establishment not only were exceedingly good physicians and surgeons but, applied their professional skill occasionally in ways that were decidedly helpful. As a rule, the volunteer surgeons took to military rank like ducks to water, discarded their civilian title of doctor and did not hesitate to let others know that they had done so. For instance, the writer happened to see a dance-program in which reserve surgeons, with a single exception, had written their military titles, and most of them were not even abbreviated.

That Objectionable "Paper-Work"

Virtually everyone, in all branches of the military service, regular and volunteer, complained of the "paper-work." The writer, never having had an aptitude for business, long ago accepted the fact that all business had to be carried on under an extremely complicated system, which one outside could but vaguely comprehend. He had also been in the habit of making pretty full medical notes. Thus, he was disposed to side with the authorities. However, from the standpoint of efficiency, especially as experience has shown that the demands of medical service in a major war will tax the peace supply of medical practitioners

to the utmost, it does seem that there could be a good deal of simplification of detail in regard to professional paper-work; also, that routine business could be more accurately, efficiently, and economically performed by a definite bookkeeping-branch of the service, either as an extension of the quartermaster's department or as an independent staff-branch.

On several occasions, there was great difficulty in securing sufficient medical attendance for patients, so that this paper-work had to be neglected. The amount and the details of paper-work imposed depend largely upon local orders and differ considerably at different stations, of the same kind, base hospitals, for instance, or even in the same station at different times, and they vary still more as between different kinds of stations. In the writer's experience, the paper-work varied from a maximum of nonpertinent data for trivial cases, down to a minimum that had to be supplemented by personal notes, even for keeping track of patients adequately and conveniently.

It is obvious that the paper-work should at all times be adequate, legible, not unnecessarily prolix, and should follow the same general system, yet, allow for individual methods. Most important of all, it should not be so complicated and so personally conducted by the respective directing surgeons as to break down under a peak load, as does occur in times of epidemics. Many surgeons complained bitterly of being degraded to the status of internes. Still, this complaint is, to a large degree, not justified. Surgeons were employed for a line of work that necessarily involved residence and which could not be fairly compared with contribution of services to hospitals in civilian life. By a common inconsistency of human nature, it often happened that the surgeons that complained the most of their so-called "interneship," had never been visiting physicians to hospitals. The complaint was justified, however, in that the position required clerical work from men whose services were offered for more strictly professional duties, and often encroached to an undue degree upon their reasonable demand for rest and even upon the need of actual care of the sick and injured.

It is difficult, though, to see just how this matter can be properly remedied without

there being a definite provision for non-commissioned officers or second lieutenants, these to be drawn deliberately, from medical students or recent graduates, for such duties as assistants and clinical clerks, as such men expect to fill in civil hospitals. This suggestion does not imply so radical a change as might appear, since, in peace, surgeons delegated a good deal of the clerical work to ward-masters that had neither the general nor the medical education of medical, pharmaceutical, and dental students that were in the draft; and the sanitary-corps first lieutenants were largely employed as adjutants, supply-officers, and so forth, during the war. It is not implied that any lower rank than that of first lieutenant is appropriate for fully qualified physicians and dentists; however, the grade of second lieutenant would solve the problem for advanced students and for graduates lacking only clinical experience, and would do greater justice to the pharmacists.

Training-Camp Experience Criticized

In the majority of instances, surgeons complained rather of the training-camp experience than of the conditions of active duty. Given a comparatively short period of training, a young man, more or less athletic, only recently relieved from family, college, and hospital discipline, with personal pride only partly developed, and with the boyhood habit of gregarious life and full occupation of time in short periods persisting, the training-camp life was not particularly irksome. On the other hand, if it were prolonged until lectures and drills were duplicated or triplicated; if the man had cultivated habits of initiative and of working and recreating in private; had long been accustomed to deference and to reliance upon the assistance of others, especially for every task that could be construed as menial, the training-camp life was both fatiguing and mortifying.

And, yet, the principal complaint mostly was difficult of being given expression, and was quite intangible. Men joked about their training for the career of a street-cleaner or domestic servant and took a genuine pride in keeping their barracks and outdoor area properly policed. One of the pleasantest morning that the writer passed was as part of a detail to oil floors—although, in passing, it may be said that the crude oil on the floors was one of the big-

gest little objections to military service, not so much from the increased fire-risk, as from the labor and the damage to personal effects from the constant presence of so intimate a source of filth. Two things, especially, stick in the writer's crop. One was, an inspection at which the adjutant and two of his assistants ran their fingers through pockets to see whether they were properly buttoned and contained nothing beyond the clean handkerchief allowed. Yet, there is no substantial argument to support the civilian notion that such a procedure ranks just below spitting in one's face. The other thing did not even apply to the writer, but, to a colleague who, at the time, was, virtually a stranger. This man had served in the medical corps during the Spanish War, however, his experience did not properly qualify him for the discipline of the training camp, and he perpetrated the heinous offense of having his blankets and sheets improperly—although neatly—folded. For this, an acting assistant, of maternal canine descent, had him confined to camp for the week end—which period was our sole opportunity of strutting about a near-city and imagining ourselves "gentlemen" and officers. The punishment was quite vicarious, as the man, himself really preferred to remain in camp.

As to Other Phases of Camp-Life

As to details of camp-life, there was considerable discrepancy of opinion. Some thought the mess excellent and cheap; others regarded it as of poor quality and objected strenuously to contribution from the mess-fund for the erection of buildings and the creation of a reserve of several thousand dollars. Some considered the horseback exercises as a treat, others really dreaded them. Some of the oldest men with weak hearts enjoyed the drills, while some of the young men complained of the fatigue and sweat. Most of us found the early hours a hardship, still, some joyfully anticipated the first call. There was almost unanimous praise of, and gratitude for, the various special courses of a didactic nature. The great majority felt the same toward the so-called basic course, although many expressed divergent views as to certain particular courses, either as to their intrinsic merits or because of personal limitations of interest. On a few occasions, the special entertainments and lec-

tures were pretty generally regarded as ill advised, apparently even by the authorities, as, when a medical missionary kept us up until we had to undress, for sleep, in the dark or when some thrifty soul in the Surgeon-General's library cut up an old anatomy-atlas into lantern slides. Complaints on this score, however, were based largely upon the fact that everything at camp was compulsory and that a fully planned day from 5:30 o'clock a. m. to 9 p. m. or a little later seemed rather excessive.

The real reason for the aversion of the medical officers to the training camp can not, however, be reduced to any one tangible basis. It was just the general degradation from the independent life of a professional civilian, accustomed to deference and comfort, to that of a cadet, put under a discipline stricter than imposed upon a private, and, yet, burdened with increased responsibility, in addition to lacking the refinements found at the regular military schools at West Point and Annapolis. Now, reverse the situation and consider the story of a pompous middle-aged gentleman transformed into a boarding-school boy, then imagine that that school were West Point, with the students quartered in the woodshed, and you will have a better idea of the conditions that can be conveyed by any exact analysis.

Why Volunteering for the Medical Service Lagged

This aversion to the training camp had a sequence that seemed serious at the time and which might have produced disastrous results under such a conceivable circumstance as the continuation of the war. Volunteering for the reserve corps received a serious check, and this was generally regarded as attributable to the fact that the medical profession could read between the lines of the highly enthusiastic and patriotic descriptions of training camps and did receive *sub-rosa* expressions of opinion from those no longer in a position to express themselves openly.

Investigation revealed that much of the complaint was owing, not, indeed, to the intention of those in real authority, but, to the petty zeal of amateur subordinates who failed to realize that loyalty to their own profession and respect for their colleagues were perfectly compatible with loyalty to the country and proper military efficiency. As such a spirit would militate

against really efficient service in any duty, and as a very slight modification of discipline and arrangement of schedules would render training camps attractive, the indications for the future afford an excuse, at this juncture, for considering these somewhat trivial complaints.

The writer encountered no instance of avoidance of danger nor of attempt to shirk hard work, neither has he heard any complaint about actual danger or of necessary hardship. Overseas orders and those issued to busy stations were eagerly received. Thus the writer arrived at one station just after the cessation of an epidemic. There was not a word of complaint about overwork or loss of sleep, but, rather, a very general feeling of soreness over an order that surgeons should keep certain hours in their wards, whether they were needed there or not; and still more so over the sarcastic language in which the insistence upon otherwise very reasonable hours of duty was framed. The greatest practical favor which the writer received while in the service was spoiled by the utterly impersonal manner in which it was given. As it is, he feels no gratitude for that favor, and owes no apology for this ungracious allusion. A master cog in the military machine simply moved in such a way that the subordinate cog, represented by the writer, could ultimately produce certain results.

Most wearers of silver-service stripes have, also, an invisible chevron on their right sleeve, because of disappointment at not having had the chance to receive a visible one.

More regrettable, still, is the fact that a good many amateur surgeons seem to have received a series of psychic traumatism from quite intangible and indescribable assaults upon their pride. Whether this state of mind is characteristic of the medical profession, hardly can be determined.

It is unfortunate and, by no means, unimportant, because it is a psychic state and can not be measured in physical terms or by the terms of actual complaints. We doctors should get this sentiment out of our systems and carefully consider whether it is our own fault that it is present in so many, or whether military discipline should be modified so as to conform to civil standards of mutual human relations.

What Others are Doing

MAGNESIUM-SULPHATE SOLUTION IN ERYSIPELAS

Choksy has found (*Lancet*, Feb. 4, 1911) that the application of magnesium sulphate solution is decidedly beneficial in the treatment of erysipelas. Under this dressing, pain and swelling abated, fever decreased, and extension of the process was controlled in the majority of cases. Report of 72 cases of erysipelas treated with wet dressings of a saturated solution of magnesium sulphate in water, as originally advocated by Lucker. He used it in 19 cases of erysipelas variously complicated with alcoholism, acute nephritis, myocarditis, pneumonia, or other conditions, with but 3 deaths resulting, and in 35 uncomplicated cases, with not a single death occurring.

This treatment has been applied by Choksy and others in nearly 700 cases of various forms of inflammation, always with uniformly good results. Lucker originally claimed for it the following advantages: The patient obtains prompt relief from the distressing local symptoms. The temperature rapidly drops to normal, usually during the second twenty-four hours; thus obviating possible complications from a prolongation of the fever. There is no need for internal medication in uncomplicated cases, it only being necessary to restrict the patient to a milk-diet until his temperature again is normal. In Choksy's own cases, pain and swelling abated, fever decreased, and extension of the infection was controlled in all but 6 cases. Many of the cases were in an advanced stage and neglected, consequently, the results were not so uniformly good as those reported by Lucker. In 6 cases, the inflammatory process extended so rapidly that, in addition to this treatment, anti-streptococcus-serum was injected; only 1 of these victims recovering. Excluding the foregoing cases and 7 moribund ones, there remained 59 cases, with 46 recoveries and 13 deaths, equivalent to about 22

percent as compared with about 16 percent in Lucker's complicated cases. (Sajous, "Analytical Cyclopedia of Practical Medicine.")

QUININE IN GRIP

According to the *Gazette des Hôpitaux* for March 22, Professor Micheau, of Bordeaux, recently expressed his astonishment at the disdain manifested by many physicians for the employment of quinine in the treatment of grip. He asserts that the unfavorable opinion concerning the value of quinine is based entirely upon insufficient dosage.

In order to secure good results, according to the author, it is necessary to give, beginning with the first day of the malady, from 1.5 to 2 Grams of the sulphate or hydrochloride of quinine, or to inject subcutaneously at least 1.5 Grams of the hydrochloride, in two doses. Professor Micheau administers daily two injections containing 80 centigrams (0.080) of the hydrochloride of urethane, continuing this treatment for two, three or four, rarely five days. As a rule, the dose may be reduced on the third or fourth day.

According to Professor Micheau, the results of this course of treatment are surprising. True, there is ringing in the ears; still, all the symptoms of the disease are rapidly relieved without occasioning any unfavorable action upon the heart, as so frequently is observed after improper use of analgesic antifebrile remedies.

REMOVAL OF TONSILS AND ADENOIDS UNDER LOCAL ANESTHESIA

Discussing the subject of local anesthesia in tonsillectomy, Dr. Fielding O. Lewis (*Ther. Gaz.*, May) expresses the advantages of local over general anesthesia as follows: (1) There is less danger of starting up an old tuberculous lesion of the lungs, which is so frequent where general

anesthesia is generally employed. (2) General anesthetics have been known to give rise to nephritis, cardiac and respiratory failure, and insufflation-pneumonia. (3) No instances of abscess of the lung have been reported following tonsillectomy under local anesthesia; while several such have been reported in cases in which inhalation-anesthesia was employed, no doubt in consequence of the insufflation of blood or infective secretions. (4) Local anesthesia is available when general anesthesia is contraindicated, as in chronic nephritis, respiratory disorders, pulmonary tuberculosis, and so forth. (5) the rapidity with which the operation may be executed without the shock following a general anesthetic. (6) When the case is uncomplicated, the method is a timesaver, and it requires fewer assistants and less material.

Doctor Lewis has found local anesthesia unsatisfactory in children under ten or twelve years of age, since it is difficult to make them understand just what is going to be done. When it is attempted in children, the performance usually resembles a fight more than an operation, so that, consequently, there is grave danger of mutilating the surrounding tissues. The measure is, he believes, contraindicated for secondary operations, because of the great amount of scar-tissue present, which often necessitates a protracted dissection. The same is true in the case of persons having had repeated attacks of peritonsillar abscess. Local anesthesia is not entirely satisfactory for highly neurotic patients or those having extremely sensitive throats.

Doctor Lewis believes that many failures attributed to local anesthesia in tonsillectomy are the result of faulty procedure. It must be borne in mind that the tonsil is supplied by a circular plexus of nerves derived from the middle and posterior branches of the sphenopalatine nerve, joining with branches of the glossopharyngeal nerve that enter through and around the capsule of the tonsil. In order to ensure complete anesthesia, the anesthetic must be introduced between the capsule and the muscle.

After tonsillectomy under local anesthesia, the period of convalescence ordinarily is longer and it seems that the patient suffers more postoperative pain.

Local anesthesia in the tonsillar region is not without its dangers. It is pos-

sible for an embolus to be introduced into the blood stream by means of the hypodermic needle or for the solution to be injected into the circulation through an anomalous vein. Also a number of deaths have been reported, caused by a local infection at the seat of operation. In one case of collapse of a robust young man, the author was informed that the latter was extremely neurotic. This, of course, is in keeping with the view already expressed, that highly neurotic persons are not good subjects for local anesthesia.

SCOPOLAMINE- AND MORPHINE-NARCOSIS IN CHILDBIRTH

Some years ago, Doctor Das started certain investigations regarding the so-called twilight-sleep method of conducting childbirth (*Calcutta Med. Jour.*; cf. *Ther. Gaz.*, May) and, at the time of his report, had employed this method in 50 cases, 44 of these having occurred in the hospital and 6 in private practice. Doctor Das sets forth that the first 10 of his cases were absolute failures as regards amnesia and he explains this, very correctly, by admitting that, at that time, he had not acquired proper experience in its use and that his selection of cases was not what it should have been.

On the strength of his observations, Doctor Das demands of any physician desirous of adopting the method that he acquaint himself fully with the literature on the subject. He also must have personally witnessed several cases under the direction of one that has had considerable practice with the method.

The attendant physician must thoroughly examine the woman's general condition; take her pelvic measurements, and note the position of the child; also, get a history of her previous deliveries, and ascertain her idiosyncrasy, if any, with respect to drugs.

No physician should attempt to conduct such a case, unless he has the necessary experience to be able to overcome obstetrical interferences.

There should be a specially equipped labor-room, quiet and darkened, and protected against all noise and confusion.

In opposition to other expressed opinions, Doctor Das holds that the physician must be in constant attendance upon the patient or, at least, ready at his residence

or office to start at a moment's notice. As against this, though, other physicians hold that the twilight-sleep method may be employed even though the physician is attending to other patients in the interim; providing, however, that there is a competent nurse in attendance.

Doctor Das asserts that the woman should put on smoked-glass spectacles or that she should be blindfolded, inasmuch as her pupils become dilated. Furthermore, he considers that plugging the ears is helpful in preventing disturbances. The necessity of a trained and trustworthy nurse or midwife has already been mentioned. Everything should be ready for operative interference in case this should be called for.

The first injection should be given when the internal os has dilated enough to admit at least one finger loose or two fingers tight, and when the cervix has been taken up, labor-pains recurring regularly at intervals of not less than fifteen minutes in a primipara. In a multipara, the medication may be started at an early period in the first stage.

The method is contraindicated, however, in all cases of primary uterine inertia, and Das thinks that it should not be employed where operative interference is expected.

THE HEADACHE OF PUBERTY

In discussing the secondary sexual characteristics, Dr. Stephen Chauvet (*Gaz. d Hôp.*, May 1) declares that, in both sexes, there may be observed a retardation in the unfolding of the psychical faculties in youths in whom puberty is not being established normally, owing to an insufficient activity on the part of the internally secreting sexual glands. The differentiation of the sexual characteristics takes place insufficiently with the result that maturity is slow in being established. The mind is slow in acquiring the ability to follow certain trains of thought and the power of sustained attention, both of which are the first characteristics of psychic maturity.

In such cases, it is not infrequently seen that these insufficiently developed persons are afflicted with "headache of growth." This headache sometimes is generalized, although more often it is frontal, being localized especially between the eyes. It becomes aggravated by persistent work and by prolonged study. The pain appears es-

pecially in daytime, disappearing during the night's rest.

Until recently, this peculiar headache was but badly understood. Mostly, if it persists, physicians advise rest and taking of certain remedies, such as glycerophosphates. Under this mode of treatment, the headache persists for long periods, sometimes for a year or two, while the psychic development does not progress, and these unfortunate youths remain behind their school-mates in their studies.

If, on the other hand, the actual origin of this headache is recognized, it is possible to institute a mode of treatment that will accomplish decided results.

Doctor Chauvet believes that the headache of growth is actually the result of a transitory hypertrophy of the hypophysis, owing to the insufficiency of the function by which the internal secretion of the testicle, or of the ovaries, influences the pituitary gland. Therefore, in his opinion, this headache results from a distention of the capsule of the pituitary gland. It is somewhat similar to the more intense pain that may be observed in the presence of tumors of the hypophysis and, as in the latter case, is occasionally accompanied by stinging pains in the eyeballs. The latter may occur at the same time that the pituitary headache does or in the intervals. They also may be accompanied by pressure-pain in the eyeballs and by asthenopia of accommodation.

The pituitary headache of growth disappears promptly after the administration of testicular extract in adolescent boys or of ovarian substance in adolescent girls.

TREATMENT OF ACUTE MERCURY-BICHLORIDE POISONING

On the occasion of reporting a case of acute mercury-bichloride poisoning, treated by means of a combination of various procedures that have been advised during recent years, Dr. Jacob Rosenbloom (*Amer. Jour. Med. Sci.*, March) present an interesting review of these methods as set down in medical periodicals, most of them American journals.

His studies and experiences have led him to outline a method of treatment to be adopted in cases of mercury-bichloride poisoning, which is as follows:

1. Administer the white of three eggs, beaten up in a quart of milk, and then

empty the stomach by means of siphonage.

2. Give by mouth 300 mls of fresh calcium-sulphide solution containing 1 grain in each 1 ounce of water.

3. Wash out the stomach with the same fresh calcium-sulphide solution: 1 grain in 1 ounce of water.

4. Administer, in powder or tablet form, 0.36 Gram of sodium phosphite and 0.24 Gram of sodium acetate. If this is not available, give the following:

Sodium hypophosphite	1 gram
Water	10 mls
Hydrogen-dioxide solution.....	5 mls

Use ten times as much of the hypophosphite as the poison taken. Wash out the stomach freely with the foregoing antidote diluted twenty times, and give the undiluted antidote every eight hours during two days.

5. Pour through the stomach-tube, after performing the lavage, a solution of 3 ounces of sodium sulphate in 6 ounces of water containing 5 grains of calcium sulphide. Let this solution remain in the stomach.

6. Give intravenously, after withdrawing 600 mls of blood, 800 mls of Fischer's solution¹ or of bicarbonate-glucose solution.

7. Wash out the stomach morning and night, giving by the mouth, after each washing, 5 grains of calcium sulphide dissolved in 3 ounces of water. Continue this lavage until the stomach-washings are free from mercury when tested by Elliott's method² and until the urine is free from mercury.

8. Perform high colon-irrigation with warm water morning and evening, using 8 gallons of the water for each treatment.

9. Give a hot-pack twice daily.

10. Give 8 ounces of milk to drink every second hour.

11. Give, every second hour, 8 ounces of the following solution, by mouth, alternating with the milk:

Potassium bitartrate	1 dr.
Sodium citrate	1 dr.
Sucrose	1 dr.
Lactose	4 drs.
Lemon-juice	1 oz.
Boiled water	16 ozs.

¹Fischer's solution is a solution of sodium chloride, 14 Grams, and sodium carbonate, 20 Grams, in 1000 mls of water; used by rectal or intravenous injection in anuria from Bright's disease and eclampsia.

²Elliott's method was described in the *Journal of the American Medical Association*, June 9, 1917, p. 1693.

12. Force the patient to drink large quantities of some alkaline water, such as Celestin's Vichy or Kalak water.

13. Prescribe a low-fat and low-protein and high-carbohydrate diet for four weeks. Avoid salt in food, as it favors the absorption of the mercury.

14. Give, by continuous proctoclysis, a solution containing in each pint 1 dram of potassium acetate, 4 drams of glucose, and 3 drams of sodium bicarbonate.

15. Keep the urine alkaline to methyl-red.

16. Continue the rest of the treatment until recovery, usually a period of three weeks.

ABUSE OF ALCOHOLIC-RUBS

The wisdom of employing alcohol internally for medicinal purposes is very generally doubted, there being relatively few physicians at the present time who care to insist upon the superiority of this remedy in certain emergencies. In general, it is agreed that, almost without exception, any indication for alcohol-stimulation that may arise can be met satisfactorily with other means.

However, the utilization of spirit of wine as an external application is universally accepted as proper. The babes in the cradle, especially of the well-to-do, the aged, the so-called neurasthenics, virtually all hospital-patients from the time that they enter until they leave, all are given alcohol-rubs. Nurses, both "trained" and "practical", administer an alcohol-rub after each bath, whether it be a tub-bath or sponge-bath, as a rite, the nonobservance of which would seem to carry with it serious consequences.

Dr. Nathan Rosewater (*N. Y. Med. Journ.*, March 22) asserts that alcohol absorbed into the skin stimulates the tissues and becomes more or less absorbed and diffused into the circulation, where it ultimately must lead to similar damage as would alcohol taken internally. He asserts that fever-patients are effectually cooled, and the fever is satisfactory reduced by sponging with warm or cold water. The water, he says, should be made slightly alkaline, either with soda or with sodium phosphate, because this is better than alcohol.

Especially does Doctor Rosewater object to the indiscriminate employment of

alcohol-rubs, maintaining that in every instance these should be deliberately prescribed by a physician and never be left to the decision of the nurse or other attendant layman.

DANGER IN TONSIL-OPERATIONS

Discussing the various problems of tonsil-operation, Pfister (*Wis. Med. Jour.*, February) asserts that every tonsil-operation is a major operation. As it can hardly be classed with emergency-operations, the physician advising it assumes full responsibility for any accident that may occur in connection with it.

The principal danger of tonsil-operations lies in the anesthesia; that is to say: in the asphyxiation through the aspiration of blood clots; in the immediate or possible postoperative hemorrhage; in the pneumonia following the operation, usually because of blood aspiration; and in the so-called status lymphaticus.

One of the principal factors in assuring a good and safe operation is, that it be performed in a hospital, and that the patient remain there at least twenty-four hours. Only where hospital-facilities are not available (which, at present, is not of frequent occurrence), should a house-operation be considered.

While local anesthesia, where it is indicated and possible, virtually is free from danger, inhalation-anesthesia is extremely difficult of execution, because anesthetists and operators necessarily interfere with each other, and more or less bleeding adds to the difficulties. Doctor Pfister favors a procedure, such as the Sluder operation, that makes it possible to finish before the patient wakes up. In this manner, he holds, the chief danger is eliminated. Moreover, it is possible to prevent the swallowing of the ether-saliva mixture and the danger of asphyxiation from a blood clot, because the reflexes are reestablished much earlier.

The patient is placed face down immediately after the operation and kept so afterward when in bed. It may be said here that the anesthesia has unjustly been blamed for many a death, when, in fact, the actual cause was, asphyxiation.

Cases of much bleeding have become less frequent since tonsil-operations are being done almost exclusively in the hospital.

Still, hemorrhage is liable to occur at three distinct periods. First, during the operation, when, as a rule, it can be arrested by means of prolonged sponge-pressure, although sometimes employment of the artery-forceps or a ligature may become necessary. In extreme cases, a small sponge may be placed between the pillars (where the tonsil was), the pillars being sewed together with two silk stitches and the sponge left in for twenty-four hours.

The second period of hemorrhage starts within twelve hours of the operation, and it usually is brought about by retching and by restlessness of the patient. This may prove extremely dangerous, because often it is not discovered early enough.

The third period is between the eighth and tenth days after the operation. Here a clot between the pillars has organized and become infected and causes bleeding when detached. Any such clot must be rubbed off whenever discovered and the surface swabbed with a solution of tincture of iron.

THE ETIOLOGY OF MIGRAINE

Reviewing the various theories that have been advanced in the attempt to find an explanation of the origin and nature of migraine, Drs. Mary P. S. Rupert and Elizabeth E. Wilson (*Amer. Jour. Med. Sci.*, March) conclude that the symptoms of migraine arise from stimulation of certain areas in the central nervous system and that this stimulation may be provoked in many ways: by pressure, by reflex stimulation or by circulation of certain toxic substances in the blood.

In their attempt to determine the nature of the toxin, or toxins, the authors undertook careful studies of the gastric contents and of the feces of patients afflicted with migraine. It was found that many of these patients register an abnormally high blood pressure during the attack. Furthermore, patients having frequent, and severe, attacks of migraine exhibit, during the latter, some abnormality of the stools, usually putrefaction, with alternations in the blood pressure, and these usually are accompanied by a depression of the renal function, including some disturbance of the nitrogen output.

The variation of blood pressure between attacks corresponds with the findings in

the stool. For instance, a persistently low blood-pressure reading is likely to be associated with an occasional putrefactive movement and, as this condition is corrected, the attacks become less in frequency and severity. In some cases, there then occurs an improvement in the blood pressure between attacks.

It still is to be determined where and what is the source of the irritation, and the authors are extending their investigations in this direction, namely, the attempt to discover the probable caustic toxin.

SUMMER-DIARRHEA OF INFANTS, AND THE HOUSE-FLY

In a brief article on epidemic summer-diarrhea of infants, Dr. Vincent J. Glover (*Med. Times*, Lond., May) so graphically describes the pernicious work of the house-fly, in propagating the infection responsible for infantile diarrhea, that his remarks are worthy of repetition. Dr. Glover says:

"The infectious virus appears to be a bacillus isolated from many stools by De Morgan, at the Lister Institute. The habitat is decaying animal or vegetable matter. The house-fly frequents such material to deposit its eggs therein, remaining motionless, while doing so, for some seven and a half minutes, carrying away the organisms adherent to the sticky fluid which exudes from the sucker-extremities of the hollow hairlets on the pulvilli of its legs, and also ingested into its stomach and intestine. It infects food or objects, such as sugar, meat, dummy teats, and so forth, by alighting thereon; or fluids, for instance, milk, by dropping therein or by excreting or vomiting upon them.

"Saliva abounds around the mouth of most infants, attracting the fly to alight. I have observed as many as seven house-flies, frequently one or more, inside the mouth of a sleeping infant or upon its moist lips, thereby infecting it. This is the method of infection of the breast-fed infant."

THE RELIEF OF POSTOPERATIVE PAIN

Aside from the fear, which is natural, of submitting to an anesthetic and to the knife of the operator, an important factor in deciding upon surgical treatment is,

the (almost) certainty that there will follow after the operation a period of distress and pain, associated with nausea and vomiting, making the first twenty-four or forty-eight hours after operation a veritable purgatory. Although suitable attention to surgical after-treatment has been strongly emphasized in recent years, and, while the need of it is recognized more and more fully, there still are many surgeons who permit their patients to fight their way through the postoperative distress with but insufficient measures to abate this.

Yet, the relief of pain has been recognized, especially since the remarkable work of Doctor Crile, as an important agency to preserve the strength and increase the recuperative power of the patient and, undoubtedly, the pain following upon operation, as well as the after-pains following upon labor, necessarily exert an unfavorable influence upon the victim.

Reasoning along these lines, Dr. Bertha Van Hoosen (*Boston Med. & Surg. Jour.*, May 15) has attempted to secure for post-operative patients a condition similar to the obstetrical "twilight" sleep. Thus Doctor Van Hoosen reports that 452 patients received the following routine treatment after operation: 1-32 grain of morphine and 1-200 grain of scopolamine every four hours, hypodermically administered and continued for twenty-four, thirty-six, and, in very painful cases, for forty-eight hours after the operation.

While the objective report, compiled from the observation-charts, records that pain has been felt in as many as 23 percent of cases, it is to be observed that, subjectively, the patients either were not fully conscious of their distress or, then, that an actual amnesia was established. At any rate, upon being discharged, they denied having experienced gastric disturbances or any pain whatever since the operation, even though the charts recorded vomiting, complaint of gas-pains, and similar happenings. Upon questioning patients closely as to details of happenings during the first two days following operation, it became evident that not only had they had marked analgesia, but, also, some amnesia.

It follows that postoperative analgesia induced by the methods employed by Doctor Van Hoosen is a valuable method of preserving the patient's strength by preventing nerve-strain.

Let's Talk it Over

Studies on Food-Economics

Count Rumford's Experiences'

THE Count, in a curious essay on "The Pleasures of Eating," has the following: "The pleasure enjoyed in eating depends, first, on the agreeableness of the taste of the food, and, secondly, upon its power to affect the palate." Fletcher dwells more particularly on the thorough mastication and insalivation of our food, as ensuring a more perfect digestion. Brillat-Savarin, in his very entertaining and instructive work entitled "Gastronomy as a Fine Art," dwells more particularly on the pleasures to be obtained at the table. The Count, however, treats of both phases of the subject, as will be seen in the following:

"Now, there are many substances extremely cheap, by which very agreeable tastes may be given to food, particularly when the basis, or nutritive substance, of the food is tasteless; and the effect of any kind of palatable solid food (of meat, for instance) upon the organs of taste may be increased, almost indefinitely, by reducing the size of the particles of such food and causing it to act upon the palate by a larger surface. And, if means be used to prevent its being swallowed too soon, which may easily be done, by mixing it with some hard and tasteless substance, such as crumbs of bread rendered hard by toasting or anything else of that kind, by which a long mastication is rendered necessary, the enjoyment of eating may be greatly increased and prolonged." He then adds that "the idea of occupying a person a great while and affording him much pleasure at the same time in eating a small quantity of food may, perhaps, appear ridiculous to some; but, those who consider the matter attentively will perceive that it is very important. It is perhaps as much so as anything that can employ the attention of the philosopher." And further on

he says: "If a glutton can be made to gormandize two hours upon two ounces of meat, it is, certainly, much better for him than to give himself an indigestion by eating two pounds in the same time."

This is amusing as well as instructive; so, also, are his researches into which I may venture, in order to describe as the *specific sapidity* of different kinds of food, which he determined by diluting or intermixing them with insipid materials, and thereby ascertaining the amount of surface over which they might be spread before their particular flavor disappeared. And he concluded that a red herring has the highest specific sapidity; that is, the greatest amount of flavor in a given weight of any kind of food he had tested, and that, comparing it on the basis of cost for cost, its superiority is still greater. (I am very fond of red herring.)

He tells us that "the pleasure of eating depends very much, indeed, upon the manner in which the food is applied to the organs of taste," and that he considers "it necessary to mention and even to illustrate in the clearest manner every circumstance which appears to have influence in producing these important effects." As an example of this, I may quote his instructions for eating hasty pudding:

"The pudding is then eaten with a spoon, each spoonful of it being dipped into the sauce before it is carried to the mouth, care being had in taking it up to begin on the outside, near the brim of the plate, and to approach the center by regular advances, in order not to demolish too soon the excavation which forms the reservoir for the sauce."

His solid Indian-corn-pudding is, in like manner, "to be eaten with a knife and fork, beginning at the circumference of the slice, and approaching regularly to-

¹See this journal, May, page 365.

ward the center, each piece of pudding being taken up with the fork and dipped into the butter or dipped into it in part only, before it is carried to the mouth."

As a supplement to the cheap soup recipes, I will quote one which Rumford gives as the cheapest food that, in his opinion, can be provided in England:

"Take of water 8 gallons, mix it with 5 pounds of barley-meal, boil it to the consistency of a thick jelly; season with salt, vinegar, pepper, sweet herbs, and four red herrings pounded in a mortar. Instead of bread, add 5 pounds of Indian corn made into a samp, and stir it together with a ladle. Serve immediately in portions of 20 ounces." Samp is "said to have been invented by the savages of North America who have no corn-mills." It is Indian corn deprived of its external coat by soaking it ten or twelve hours in a lixivium of water and wood-ashes. This coat or husk, being separated from the kernel, rises to the surface of the water, while the grain remains at the bottom. The separated kernel is stewed for about two days in a kettle of water placed near the fire. "When sufficiently cooked, the kernels will be found to be swelled to a great size and burst open, and this food, which is uncommonly sweet and nourishing, may be used in a great variety of ways; but, the best way of using it is, to mix it with milk and with soups and broths as a substitute for bread."

Rumford prefers this samp to bread, because "it requires more mastication and, consequently, tends more to prolong the pleasure of eating." The cost of this soup, composed of 5 pounds barley-meal, 5 pounds Indian meal, 4 red herrings, with vinegar, salt, pepper, and sweet herbs, in 8 gallons of water, he estimates, at that time, at 8¾ pence. This makes 64 portions, which thus cost rather less than one-third of a penny, or two-thirds of a cent, each. As prices were higher then than now, it comes down to little more than one farthing or one-third of a penny, as stated, when cost of preparation in making on a large scale is included.

I have not been successful in making this soup; failed in the "samp", as explained in the footnote. By substituting "raspings" (the coarse powder rasped off the surface of rolls or overbaked loaves) or bread crumbs browned in an oven, I obtain a fair result for those who have no

objection to a diffused flavor of red herring.

By using grated cheese instead of the herring, as well as substituting bread crumbs or raspings for the Indian corn, I have succeeded completely; but, for economy and quality combined, the No. 1 soup, as supplied at Munich, is preferable.

The feeding of the Bavarian soldiers is stated in detail in volume 1 of Rumford's "Essays." I take one characteristic example. It is from an official report on experiments made, "in obedience to the orders of Lieut. General Count Rumford, by Sergeant Wickelhof's mess, in the first company of the first (or Elector's Own) regiment of Grenadiers at Munich." I quote:

June 10th, 1795—Bill of Fare.

Boiled beef, with soup and bread dumplings

Details of Expense			
First	for	the boiled beef and the soup	
lbs.	lots.		Kreutzers.
2	0	beef	16
0	1	sweet herbs	1
0	0¼	pepper	0½
0	6	salt	0½
1	14½	ammunition-bread cut fine....	2½
9	20	water	0
Total 13	9¾Cost	20½

The Bavarian pound is a little less than 1½ pounds avoirdupois, and is divided into 32 loths.

All these are put into an earthenware pot and boiled for two hours and a quarter, then divided into 12 portions of 26 7/10 loths each, costing 1¾ kreutzer.

Second, for the bread dumpling

lbs.	lots.		Kreutzers.
10	13	fine wheat-bread..	10
1	0	of fine flour.....	4½
0	6	salt	0½
3	0	water	0
Total 5	19Cost	15

This mass was made into dumplings, which were boiled half an hour in clear water. Upon taking them out of the water, they were found to weigh 5 pounds 24 loths, giving 15½ loths to each portion, costing 1¼ kreutzer. The meat, soup, and dumplings were served all at once, in the same dish, and were all eaten together at dinner. Each member of the mess was also supplied with 10 loths of rye bread, which cost 5/16 of a kreutzer. Also, with 10 loths of the same for breakfast, an-

other piece of same weight in the afternoon, and another at his supper.

A detailed analysis of this is given, the sum total of which shows that each man received, in avoirdupois weight, daily:

lbs. ozs.	
2	2 34/100 of solids
1	2 84/100 of "prepared water"
3	5 18/100 total solids and fluids

which cost 5 17/48 kreutzers, or twopence sterling, very nearly.

Other bills of fare of other messes, officially reported, give about the same. This is exclusive of the cost of fuel, and so on, for cooking.

All who are concerned in soup-kitchens or other economic dietaries should carefully study the details supplied in these "Essays" of Count Rumford; they are thoroughly practical, and, although nearly a century old, are highly instructive at the present day.

With the aid of this information, large basins of good nutritious soup might be supplied at one penny per basin, leaving a profit for establishment expenses; and, if such were obtainable at Billingsgate, Smithfield, Leadenhall, Covent Garden, and other markets in London and the provinces, where poor men are working at early hours on cold mornings, the dram-drinking which prevails, with such dire consequences, in such places would be more effectually superseded than by any temperance-missions, which are limited to mere talking.

Such soup is incomparably better than tea or coffee. It should be included in the bill of fare of all the coffee-palaces and such-like establishments in our country.

A. T. CUZNER.

Gilmore, Fla.

CALIFORNIA FOR YOUR VACATION —ANENT THE GRIP

In your March journal, you ask where you might go on your automobile-vacation. There is but one answer, of course: Come to California. Try our hundreds of miles of cement highways, mountains, and ocean-scenery. By great self-restraint, I am able to refrain from mentioning climate, even once.

Now, regarding the Spanish influenza. I have yet to see a statement to the effect that there was a great difference in its

virulence in different localities. I think nothing is more certain than this fact; and those gentlemen whose chests have so enlarged over the success of their course of treatment should take notice of it and become more modest.

CHARLES W. HARDMAN.

Laton, Calif.

SOME GOOD TIPS DICTATED BY EXPERIENCE

I have used an automobile in my eight years of practice, three years of which was wholly country practice while, in the other five years, a considerable amount of dirt-road driving has been done. During this time, I do not recall having hired a team more than two dozen times, although my total mileage aggregates nearly 45,000 miles. Only twice have my cars failed to bring me home.

I have owned three Fords, one Lambert, one Maxwell, and two Oakland sixes. My present cars are, an enclosed Oakland roadster and a Ford roadster, the former for regular service and the latter for muddy roads and as a relief-car. This gives me a clean car for pavement-work and eliminates the necessity of driving the more expensive one over bad roads.

As to service, the Fords, of course, depreciate less and their upkeep is less; still, one of my Oaklands ran 5,000 miles in regular use, with an average of 20 miles per gallon, and they give from 6,000 to 12,000 miles on tires. My Lambert was a used car and was too early a model to compare favorably with the modern machine. My Maxwell was a disappointment. For every use, the Oakland is almost ideal, being moderate in price, trustworthy, speedy, flexible, good-looking, easy-riding, and economical.

I consider it a wise policy to exchange for a new car after about 10,000 miles, since a busy physician can not spare the time even for minor adjustments that must come with wear.

As for pleasure-trips, my cars have afforded me no small amount of pleasure and relaxation. We have taken a few fairly long drives and in every instance were glad that we chose this mode of travel.

I often wonder what I should do were I compelled to get about as our forefathers did. It is a common occurrence for me

to allot myself but two hours to drive 20 miles, make a call and return. Not so with the men of even fifteen years ago.

D. J. BOWMAN.

Lincoln, Nebr.

TO THOSE THAT WANT TO KNOW WHERE TO GO ON AN AUTO- MOBILE TRIP

Having read in *THE CLINIC* a month or two ago that someone around the office there was contemplating an automobile-trip this summer but did not know where to go, I want to extend to him an invitation to come to Colorado. For many reasons, that I have not time to give, this is the best place to go to. First, because it is not too far from home, and then, because you can find here everything, and more than elsewhere, that will add to the pleasure of your vacation.

It is easy to run down to Kansas City, then out through Kansas over the Santa Fé trail, entering the state at La Junta, then on over magnificent roads to Pueblo, Colorado Springs, Manitou, Denver, Estes Park, back through Canyon City, and so forth. This route includes the finest scenery in the world, but, I will leave the description to some enthusiastic press agent.

However, I want to tell you about the facilities available that aid to make the tourist's trip a pleasant one. All of these places have municipal camping-grounds, where you will find a built fireplace for cooking, free wood and water, and plenty of grass and shade. Here, in Pueblo, it is in the parks; at Colorado Springs, on the shore of a beautiful lake; at Canyon City, at the end of a beautifully shaded street. And you will encounter plenty of company. Hundreds of people pitch their tents in these places and make little side trips, returning home every night. If you want to fish and get out into the woods, you will find many places just "over the divide," a few miles from Canyon City, where there are beautiful streams. If you want a little society, go up to Estes Park.

As for equipment, you do not need any advice, since, no doubt, in Chicago, you can buy every convenience calculated to make the trip a pleasant one. However, be sure to fetch a tent that has one side attached to your car. Such a one is much more convenient than a regular tent. Of

course, you would want a tent. It would not be an auto-trip if you did not have one. If you have ladies along that do not want to camp out, they can go to the hotel for the night. But, you, yourself, I am sure, would not think of such a thing!

Now, do not plan to go to California. That is too far; also, you will encounter some bad roads, besides days of tiresome travel through the desert.

Oh, *this is the place*. I tried it last summer and had the time of my life; and I expect to go again. You will find swings for the kiddies (if you have any) at the camping-grounds and other things for amusement. Also, you will meet some of the finest people in the world and can sit around the campfire in the evening and gather so much knowledge that you will be satisfied for the whole year to come.

When you come to Pueblo look me up, and I will show you the steel-works out here, at any rate.

Here's wishing you the best time ever, and I hope the little old Ford will carry you around the circle without any mishap. But, maybe you are one of the men that had 700 cases of flu and "never lost a case," and, now, own a Packard.

R. E. DAVIS.

Pueblo, Colo.

PLEA FOR FREE TRIPS TO THE A. M. A. MEETING

I notice, in all the journals, an appeal for members to attend the annual meeting of the A. M. A. Well, I very much should like to do so, but—

At the beginning of the war, we were called upon to give our services free to the government, and many of us did this, and cheerfully. It cost many of us a great deal of labor and time and a loss of many patients (although most of them, only temporarily). It is out of the question for many of us to attend the meeting and pay our own expenses. The government runs the railroads, and, it seems to me that it would be little enough if the government were to say: "We want you doctors to attend this meeting as our guests." Remember, how much money is being spent for practically useless purposes, in comparison with which this would be but a drop in the bucket.

I have written to *The Journal of the A. M. A.* and to our own "Aid to the Gov-

ernor," and both have replied "Nothin' doin'," "No use to try." Suppose the war is to continue or we must spank Mexico, how many of us are going to rush in and volunteer as we did before?

It is not the question of the money, but, of the spirit of it. Would it not be good for some of us to see something of our country? I don't know just how to put my thoughts into words, but, when I do my best for someone, voluntarily and gladly, I feel him lower, in my estimation, if he shows no appreciation.

A. J. NOSSAMAN.

Pagosa Springs, Colo.

[Certainly, I agree with you that physicians that have been but recently discharged from medical service in the Army should be granted preferred rates for whatever railroad-travel they may desire to undertake. However, the "gratitude" of republics has been a byword since the days of Rome, and wise men content themselves with doing all they can for their country, of which they are justly proud, without expecting anything in return.—Ed.]

AN APPRECIATION

Your booklet, "Your Question Answered," has been received and read carefully, with a great deal of interest. It is a timely and practical little book, and it contains much valuable information. I shall be pleased to receive each succeeding number as it is issued.

I value CLINICAL MEDICINE above every other magazine that comes to my desk. It gives me much of value without having to wade through a lot of theory and technical reading.

E. PARRISH.

Utica, N. Y.

THE ASSOCIATION OF MILITARY DENTAL SURGEONS

We are informed that the Association of Military Dental Surgeons of the United States will hold its annual meeting at New Orleans, on October 20-24.

This meeting promises to be a highly interesting and important one, since it will be possible by that time to formulate certain practical lessons from the experiences of the dental surgeons in the Army and

Navy during the great war. While, naturally, of primary interest to our colleagues, the dentists, physicians also will hear much of interest by attending this meeting, and it is hoped that a large attendance will cooperate in making the annual meeting a successful one.

Information concerning the program, the place of meeting, the possibilities of hotel reservations, and so on, can be obtained from Secretary-Treasurer R. W. Waddell, 347 Fifth Avenue, New York City.

THE ASSOCIATION OF ORIFICIAL SURGEONS

The 32nd Annual Convention of the American Association of Orificial Surgeons will be held September 15-16-17 at the Congress Hotel, Chicago. Forenoons will be given to operative demonstrations at the hospital.

The program will be replete with practical addresses, essays and papers by prominent orificialists. The clinics will be interesting as usual.

Remember, September 15-16-17, Congress Hotel, Chicago.

OBSERVATIONS IN SUMMER DISEASES

As I have been a subscriber to CLINICAL MEDICINE for a number of years and living in far-away Arizona, where physicians are "few and far between," the editor of CLINICAL MEDICINE, in requesting me "to do my bit" in writing for the July number, no doubt thought that I might write an extensive article on summer-diseases, as, in this section of the country, there is much latitude, both geographically and professionally.

Eleven years ago, while in private practice in Denver, Colorado, I was appointed medical missionary to the Navajo Indians settled in northeastern Arizona, this work being under the Board of Home Missions of the Presbyterian Church, and, during this period, I have treated many cases in the hospital-dispensary and in the surrounding country in a radius of many miles.

Every season brings its peculiar disorders. In the winter, it is rhinitis, pharyngitis, laryngitis, tonsillitis, bronchitis, besides a few cases of bronchial and lobar pneumonia, with, possibly, later some cases

of tuberculosis. In the summer, it is acute and chronic gastric catarrh, flatulence and colic, constipation and nausea and vomiting, simple diarrhea, enterocolitis, cholera infantum, chronic gastrointestinal catarrh, besides a few cases of dysentery.



The Hospital.

Consequently, one will be likely to encounter a numberless variety of summer diseases affecting the gastrointestinal tract.

Beginning with the buccal cavity, stomatitis, either catarrhal, parasitic, ulcerative or gangrenous, may be seen, with the catarrhal form predominating. I saw one case of gangrenous stomatitis that terminated in death in a few days. The cause of the catarrhal form is, lack of cleanliness regarding the mucous membrane of



On the Road.

the buccal cavity, exposure to atmospheric changes, unhygienic surroundings and teething. Ordinarily, I use applications of an aqueous solution of boric acid or potassium chlorate or sodium borate or, perhaps, listerine or glycerine, instructing the

mother to cleanse the child's mouth with warm water several times a day and also to give it to drink as much warm and cold water as is needed or asked for.

Acute gastric catarrh as a rule is caused by improper diet, such as green fruit and vegetables (apples, melons, corn not in fit condition to be eaten), sometimes by exposure to atmospheric changes, many times to insufficient clothing, in connection with unhygienic surroundings. Often we are not called in till late, so that the malady is well under way, hence, the prognosis is more unfavorable. Usually, we find the patient suffering from headache, nausea and vomiting, coated tongue, slightly raised temperature, rapid pulse and respirations, pain and tenderness in the epigastric region, and constipated bowels. Here I advise hot applications, hot baths, drinking of warm water, perhaps fractional



On a Visit to a Sick Indian.

doses of calomel and soda followed by a laxative saline. If the pain is severe, ginger, peppermint, camphorated or plain tincture of opium, also lime-water, and, in extreme cases, a hypodermic injection of morphine may be given.

In the chronic form, I prescribe tincture of nux vomica, liquor of potassium arsenite or some form of iron and quinine, as bitter and upbuilding tonics, with instruction not to force food upon the patient when there is no desire for it and the patient cannot retain it. If there is nausea and vomiting, I try to ascertain the cause. If the cause be overfeeding or improper food, which is highly probable, I enjoin rest and complete rest for the stomach and intestines for several hours, while I may administer fractional doses of calomel, in conjunction either with sodium bi-

carbonate, bismuth subnitrate or cerium oxalate in small doses; this generally meets the condition.

Simple diarrhea may result from summer-heat, poor hygienic surroundings, dentition, and often from infected milk. There may be nausea and vomiting, the child also being restless, fretful, thirsty, with characteristic pallor. The stools generally are greenish and frequent. As much as is possible, I try to have the mother abstain from food, especially that of a starchy nature, and order the baby to be given to drink, plenty of hot water, preferably such as has been previously boiled. As soon as advisable, I order a dose of castoril or laxol after an enema of plain warm water. Then, as soon as the bowels have moved, I give bismuth subnitrate, camphorated tincture of opium or some astringent in small doses.



A Missionary Talking to the Indians.

In enterocolitis the symptoms are: diarrhea, pain, nausea and vomiting, and swelling of the abdomen, caused by impure food, sour milk, hot weather, and unhygienic surroundings. The pulse is rapid and weak. The temperature registers 101 to 104 degrees or higher. The skin is hot and dry, stools are frequent, and greenish-yellow. The prognosis often is doubtful and unfavorable, although the patient may recover or the condition may later eventuate in dysentery, which then usually is fatal.

The treatment consists in advising to keep the patient warm by means of warm clothing and applied heat, warm baths, and to discontinue all food. In case any food is allowed, I limit it to meatbroths, alone. As to medical treatment, I rely upon cas-

toroil or fractional doses of calomel and sodium bicarbonate, in addition to bismuth subnitrate, salol or the sulphocarbolates; also some form of opium and, locally, hot applications of oil of turpentine or of mustard upon the abdomen.

The symptoms of cholera infantum are: vomiting and purging, together with colicky pains. Generally it is caused by impure milk. The onset is sudden, with frequent watery stools. There is thirst and restlessness. The temperature runs up to 103 degrees or higher, skin is cold, pulse is very rapid. The prognosis is unfavorable. The treatment consists in giving warm baths, hot application over the abdomen, an enema of warm water, and, if the temperature is very high, one of cold water later. Medical treatment, if it be permitted: A hypodermic injection of morphine and atropine at the beginning and stimulation with strychnine or aromatic spirit of ammonia.

Chronic diarrhea is not so frequent, but, some cases may be encountered, owing, largely, to poor food and insufficient clothing, cold and exposure, rickets, and to other causes in older children. The symptoms are: Emaciation, anemia, eructations, distention of the abdomen, colic, constipation, and diarrhea.

Treatment: Avoid sugar and starch. Feed eggs, fish, lean meat, and vegetables. Order cool baths. Prescribe such medicinal treatment as charcoal, soda-mint tablets, tincture of nux vomica, salol, and the sulphocarbolates.

Dysentery. The catarrhal form is the one met with. Causes: Warm weather, impure water, improper diet, principally unripe fruit and vegetables, as the Indians are fond of apples, corn and watermelon. Symptoms: Nausea and vomiting, great abdominal pain, mucoid and bloody stools, somewhat dark coated tongue, fever with thirst, distended abdomen, painful on pressure, with tenesmus.

Treatment: Irrigation of the colon with boiled water; internally, castoril and, afterward, some form of opium or tinctures of capsicum, ginger, peppermint, or some other anodyne, sedative, astringent or carminative. If the pain and diarrhea are excessive, a hypodermic injection of morphine or codeine may be given.

Constipation is very frequent, both among children and grownups, not only from a lack of knowledge, but, also from

carelessness about evacuating the bowels when nature demands it. It may also be caused by too much proteid diet, both on the part of the mother, as also on the part of the children, as meat is the principal article of diet among the Indians, they often having little else to eat. However, I have noticed a great change for the better in this respect, as, in the past few years, they have been eating more vegetables, fruits, and so on, and, as a result, there is an improvement in their general health. I advise drinking more water, either hot or cold, and less tea and coffee, and, when medication is necessary, as it very often is, I prescribe Waugh's anticonstipation tablets, laxative salines or castor oil, without resorting to anything drastic, if that can be avoided. Later on, tincture of nux vomica or any other intestinal stimulant or tonic that is recommended for constipation is prescribed, if any such is at hand.

JAMES D. KENNEDY.

Ganado, Apache County, Ariz.

THE CALOMEL-TREATMENT OF THE SUMMER-DIARRHEA OF CHILDHOOD

Years ago, when still a young practitioner, I was accosted on the street by an older and more experienced physician, who engaged me in a friendly conversation. When he inquired as to how I was getting along, I frankly admitted that I was about to lose a little patient out in the country, whose bedside I had just left. I told him how helpless I seemed to be in my efforts to check either the vomiting or the diarrhea. As we were the best of friends, he asked me regarding my course of treatment. After I had briefly outlined this to him, he said: "Now go back and give the child calomel." "But, I have given calomel," I replied. After a further question, I told him how I had ordered a course of calomel on my first visit. Then he said: "Now, doctor, go back and give the baby calomel." "But, how much?" "Give it in 1/10-grain doses." "How long?" "Give it until the baby is well or twenty-one years old."

Grasping at a straw, I turned my super-two horsemobile around and drove back to my little patient. Arrived, I started the child on the new line of calomel-treat-

ment, stopping all other medicinal remedies.

My little patient did not die. I thought this might be a coincidence. But, after seeing many of my friend's patients, as well as my own, recovering under this course, and not a few so after they were given up to die by other physicians, I concluded that there was "something in it." And now, after years of experience, I am willing to venture the assertion that small frequently repeated doses of calomel will cure more cases of gastroenteritis of childhood than will all the other drugs combined. When calomel fails in the disease, I am done with drugs. Even then, many patients will recover, if they are sent to the seaside or to some cool place high up in the mountains.

HARRY REESE.

Bisbee, Ariz.

DEATH OF DOCTOR PIXLEY

Old readers of THE ALKALOIDAL CLINIC, now CLINICAL MEDICINE, will be sorry to learn of the death of Dr. C. S. Pixley, formerly of Winnsboro, South Carolina, who passed away in Los Angeles, on March 21. Doctor Pixley was one of the pioneers in alkaloidal (dosimetric) practice in this country. In the early days, he was associated with our old friend Dr. W. T. Thackeray in the promotion of this idea. Later in life, he developed a theory regarding the etiology and treatment of pellagra, which has been quite largely accepted. This theory was presented in an article published in CLINICAL MEDICINE for June and July, 1913. Mrs. Pixley writes us that he had treated nearly 1,500 cases of pellagra, and that among all these but four ended in death.

A CORRECTION

On page 301 of the April number of CLINICAL MEDICINE, an article entitled "A Canadian's Experience with Influenza" was credited to Dr. C. E. N. Denman. This, unfortunately, was an error, as is pointed out to us by Dr. A. E. Botsford Denovan, of Leader, Saskatchewan, Canada. However, Doctor Denovan is a good sport and owns up to "careless penmanship". This correction illustrates the point that we made in our editorial on page 331

of our May issue. Let us all take this lesson to heart. Nevertheless, we embrace this opportunity to apologize for the unfortunate error.

WARNING AGAINST SOLICITORS

Lately I have been annoyed by fellows calling at my office, who take up my time trying to sell me mining-stock, oil-stock, farm-land, and various other kinds of promotion-stock. After one unusually glib fellow had bored me for half an hour, the other day, before I could head him off, I wrote the subjoined "notice," had it framed, and hung it in my waiting-room. I am hoping that it will help some. If you deem the idea worth while, you may give it publicity. This is the

NOTICE

I do not want your mining-stock, nor do I need your oil, I have enough of real estate, far more than I can till. If you'll just pass me up on junk, which I do not want to buy, I'll say a little prayer for you and laud you to the sky. I know that you are anxious to make me rich right quick, but, every time that I bought your stuff, I got a golden brick.

So, pass me by, my fluent friends, you have my best regard, but, I don't want to buck a game where Fate has stacked the cards. I've spent enough of kale on graft to buy a city-block, but, to shun the fluent talker, I never have been taught. Experience is a teacher, and, a good one, too, they say; so, pass me by this time, my friend, and let me make my hay.

F. B. WARNOCK.

Sioux City, Ia.

THOSE COALTAR PRODUCTS

Your article in April CLINICAL MEDICINE, in defense of the well-abused and unusually often misused coaltar medicines, is in full accord with the opinion that I have held for many years. However, I am prepared to go further than you have gone, or should be willing to go, in their defense. During the first epidemic of influenza in this country, I began to use combinations containing a coaltar synthetic, generally acetanilid, and have employed them every year since; and, the

more I know about them, the better I like them.

In my opinion, it is in the matter of combination that doctors fall down. Prescribed as they generally have been—as indicated in medical literature—they have, in my opinion, been wisely discarded. For more than a quarter of a century, though, I have prescribed suitable combinations in every case of pneumonia, and with only gratifying results.

So very much depends upon appropriate combination. The happy combination of aconitine, digitalin, and veratrine in the dosimetric defervescent tablet is an example. It is so useful in so many acute febrile diseases, while, with the addition of strychnine, where necessary, it is almost never contraindicated in these diseases.

B. CLYNE.

Yale, Mich.

SWITZERLAND AND THE WAR

You wish me to tell you something about conditions in Switzerland. As I have only two weeks to spend in America [writing last April.—Ed.] my free time is limited.

Switzerland has, of course, been having a very hard time, being surrounded by countries at war with each other. There, naturally, were internal troubles, as the country was supposed to be absolutely neutral; however, in the northern portion, the inhabitants speak the German language, in the southern section, Italian, while the northwest is more French than France, itself, not only as regards language, but, also in sentiment. The Italian-speaking centers of Tessin were pro-Ally from the beginning, whereas in the German-speaking centers the sentiment was largely pro-German during the first half of the war, although not as markedly pro-German as Geneva was pro-Ally; there was at least an endeavor to appear neutral. This condition produced uneasiness and worse conditions, especially in the two federal houses, the "Nationalrat" and the "Ständerat", the equivalent of our "House" and Senate of Congress. There has been, and still obtains, very hard feeling between the French- and the German-speaking Swiss, which in time may lead to a division of the Swiss government; but,

never to a division of the Swiss confederation.

Exportation, with the exception of war-material for the Allies, has been almost impossible during the last two years, and the financial results are grave. The S. S. S. (*Société Surveillance Suisse*), which has been in existence for three years, and which represents a control, by the Allies, of all goods imported and exported by Switzerland, has helped somewhat to relieve commercial conditions; still, as manufacturers can get material only sparingly, most of the large factories for embroideries, the spinning- and weaving-mills, the cotton-printing works, the silk-mills, and many others have been obliged to shut down or reduce greatly. This means, of course, a large army of unemployed, with its dire consequences. In spite of the fact that America has helped and still is helping as much as possible, food is scarce and very expensive, costing from two to five times as much as before the war.

Cards for nearly everything are being issued by the Government, being obtainable by every person whose papers are in order. The daily allowance for bread is, 10 ounces, and 1 pint of milk. The monthly food-allowance per adult is as follows: cheese, $\frac{1}{2}$ pound; butter, $3\frac{1}{2}$ to 5 ounces; fats (lard, bacon, oil, etc.), 12 to 13 ounces. There are two meatless days per week, veal can be bought only on Saturdays; sugar, 1 pound; rice, $1\frac{1}{2}$ pounds; cereals, 1 pound; flour, 1 pound. The wealthy can buy all these things in an illicit way, paying two and three times the market-value; but, if they are detected, the buyers and sellers are fined heavily, and can be sent to prison. For every meal one eats in a restaurant, one has to give up bread-, fat-, cheese-, and milk-coupons, owing to the scarcity of food-stuffs and other necessities.

Switzerland has been obliged to enforce exceptional measures, such as no one dreamed of before the war. It is practically impossible for a foreigner to enter Switzerland, except on some political mission or on business benefiting the confederation. However, exception sometimes is made, in important business-missions of a private nature, and a permit to stay from four to ten days may be issued. This applies especially when an interned person is

ill, in which case, one member of his family is allowed to visit him.

Clothing has become scarce; consequently, all exportation of such, even of worn clothing, is forbidden. The government has established warehouses, at which all second-hand clothing, shoes, and the like, can be bought and sold. Private dealers are not permitted to carry on their trade in these goods.

All these conditions, besides the heavy war- and other taxes imposed upon the people, as well as the four-years' service in the army, which took all able-bodied men, up to a certain age, from their business, in many instances leaving their families destitute, have bred a feeling of uneasiness and discontent.

This was considered, by the socialistic element, an opportune moment for revolution. From Socialism some switched to Bolshevism, a few leaders, such as Platten and other members of the National Council, proclaiming openly their adhesion to the latter doctrine; and, when all the world was rejoicing about the signing of the armistice and beginning of peace, the dark clouds of Bolshevism began to threaten Switzerland. A general strike was proclaimed, which lasted one week during the first half of November last. The army, which had been partly demobilized, had to be remobilized, so as to establish order. The consequence was, the resulting death of hundreds of soldiers from Spanish grip which had almost been stamped out, but, now broke out with renewed fury. Railway- and streetcar-service was stopped for a week, factories were closed, milk and farm-products of every description ceased to enter the cities, and military patrols went through the streets day and night. Fortunately, only few people were killed, although pandemonium reigned everywhere.

After a week of this, the revolutionary leaders were incarcerated and the strike was proclaimed at an end. The feeling of unrest, however, still exists, and the Bolsheviks who, although not numerous, are backed by a socialistic mob, threaten to come out stronger than before. There is reason to believe that they are well supplied with money and arms by the German and Russian Bolsheviks, and it has been proven in court that German propaganda has been carried on for years, aided even

by the diplomatic representatives. However, the anti-Bolshevistic movement and sentiment in Switzerland is very strong, and, although part of the army has been contaminated, if a revolution does start again, it will be of only few days duration, yet, very bloody.

The Swiss have had enough of war and war-conditions and they long for peace and order. As an aid to the faithful part of the army, a national guard has been created, which is well organized and will act at a moment's notice. There exists a very bitter feeling against the Anarchists and Bolsheviks, and, if they should try to carry out their plans, the better element of the citizens is ready for them.

Switzerland, a small country of some 3,000,000 inhabitants, has suffered sorely through the war. For quite a long time, the expense of keeping up the army was approximately \$200,000 per day, which is an enormous sum for so small a country. Its location made it peculiarly adapted to be of great service to all the countries at war with each other, and we have all heard of the great services performed by the Swiss Red Cross as well as the other societies formed for forwarding mail, research-work for prisoners, transportation of refugees, exchange and transportation of prisoners and wounded soldiers, and the internment of sick prisoners, especially those afflicted with tuberculosis, and the many other humanitarian undertakings.

Switzerland has not broken faith with any country, has kept its neutrality intact, has been of great assistance to all belligerent parties, has suffered much, especially by the paralyzation of its industries, and it now hopes for recognition of the services rendered and of its standing by the League of Nations that is to be. After much undeserved suffering, this little republic is looking for the dawning of a better future.

WILLIAM C. ACHARD,
(of Zürich, Switzerland.)

Gloucester City, N. J.

[The writer of the foregoing letter, a graduate of the College of Dentistry of the University of Pennsylvania, has practiced his profession in Zürich, Switzerland, since 1897, where, indeed, he was born in 1874 having come to the United States as a young boy and obtained his education here. His many years of resi-

dence in that interesting little republic in the heart of Europe, Switzerland, enables him to speak from first-hand knowledge concerning conditions there. Certainly, we can not but sympathize with the Swiss, who did not desire war; who, in a manner of speaking, were in the war, yet, not of it; never taking sides, either as a country or its citizens individually, whatever personal preferences might be, always willing and anxious to aid those victims of the war that might come within the country's boundaries. The humanistic and generous activities of Switzerland, the bitter necessity of its being armed to the teeth for four long years, without being able to hope for any compensation, the serious losses sustained by that country, through no fault of its own, all these things entitle it to our fullest sympathy. Surely, the Peace Congress now meeting in Paris may be expected to recognize the claims of the Swiss people and to provide for suitable remuneration and compensation for its losses.—Ed.]

LETTERS FROM FRANCE—X

Nice the Great South of France Leave-Area for the American Army

The Army Headquarters, with a view to making content the men and at the same time keep them away from the great venereal-disease centers of Paris, Lyons, Bordeaux, and other large cities, has created two great leave-areas; one in Savoy in the north of France, with Aix-les-Bains as its center, and another on the Mediterranean, with Nice as the center.

Nice is the greatest American resort in Europe. More Americans gather here during the open season than in any other European pleasure-center. In 1890, Nice was a place of 60,000; it now has a population of 175,000. No city in France has had such a percentage of increase during the past century, and this unprecedented growth can be attributed almost wholly to the American patronage.

As a first step, the Army authorities secured four of the large modern hotels as hospitals for long-term and convalescent patients; the Y. M. C. A. immediately came along and took over the Jetée Promenade, a handsome, imposing building erected over the Sea, and comprising a concert-hall, theater and enormous reception-rooms. Here, the Y. has its headquarters. A military

band gives daily concerts in the great reception-hall, where three thousand can promenade. In another large hall, an orchestra plays afternoons and evenings for dancing. In the concert-hall, there are daily entertainments by the traveling vaudeville and special artists employed by the amusement-department; afternoon-tea is served, with cakes and biscuits, at a minimum cost. An excursion-bureau books those that want to take in the diverse excursions to Mentone, Monte-Carlo, Cannes, Grasse, and the litoral. An information-bureau helps newcomers to locate rooms and boarding-places and gives information as to the fixed rates of various hotels. In the center of the great hall, a canteen is placed, where all the ordinary wants of the men can be supplied at cost.

For the officers, the rooms of one of the city clubs, on the Place Masséna, were requisitioned, comprising reading-, writing-, smoking-, billiard-, card-, and lounging-rooms and a large hall where an orchestra plays afternoons and evenings for dancing, and here I find put in operation, for the first time, a comprehensive and concerted plan for controlling the habitués of a place of amusement created for the benefit of the Army. No woman is admitted, or permitted to enter this club, without having a card of admission.

Application for cards are made by the ladies themselves or by their friends; giving name and residence and the names of two city references. These cards are handed over to a French committee named the Committee of French Homes, who investigate the references and accept or reject the application. This has resulted in bringing together for the afternoon and evening dances the mothers and daughters of the best families and the exclusion of all questionable characters. The cards are issued for a given period, which permits the retiring of any who, by any manner of means, have secured cards and are found to be questionable. I have discovered by personal experience that this control is not perfunctory or of a careless character, but is careful and thorough in each instance.

Here, also, is a supply-depot of cigars, tobacco, cigarettes, candies, eatables, and little necessities, very convenient to those constantly coming and going.

The dance hall has been found too small to accommodate the crowds that daily

frequent it and arrangements are being made to double the floor-space. So far, not enough ladies appear to pair with the officers, who outnumber them 3 to 1; but, new cards are constantly being issued, and this promises to become the most popular resort in Nice.

A very pretty and commodious theater has been taken over and consecrated to the nightly entertainment of the officers, free of charge, of course, and here there flows the regular stream of Y. M. C. A. corps of entertainers, numbering thousands.

The Red Cross has a commodious club for officers on the Promenade des Anglais, comprising reading-, lounging-, and tea-rooms, where tea and cakes and American homemade pies are served daily free to all in uniform. This one club does not seem to be popular or largely frequented, despite the fact that it is the only resort where refreshments are furnished free; and I think that the chief reason is, that women are not admitted. If the officers were permitted to bring their lady friends, paying for their entertainment, I am of opinion that this club would daily be crowded; for, it looks out over the sea and is commodious and luxuriously furnished; but, afternoon-tea is a distinctly social function and a man does not care to go in and sit alone, no matter what the advantages.

The British Y. M. C. A. has rooms on the Promenade, where real icecream is served three times a week, and this long-unknown luxury brings together a crowd on icecream days. Also, the Knights of Columbus have club-rooms, pleasantly situated and much frequented.

There is a beautiful golf-course, just out of the city, bordering on the sea, and, with the snow-capped mountains for a background, it forms a paradise of beauty these sunshiny days. And, as the wind almost always blows across the water from the south, the players often are seen in their shirt-sleeves; and, with the bright greensward and soft-green olive-trees, it looks and seems like summer.

Nice has two fine public tennis-courts open to officers at one-half rates; also, there is good fishing off any part of the coast, so that from morning to midnight men on leave can find healthy occupation and amusement in the midst of the finest paradise this world can offer. The trans-

portation-authorities have decided to run a special Riviera express for all officers and men proceeding south on leave.

The new service will be known as the "A. E. F. Personnel Special Train Service" and trains will be run between Paris and Mentone daily on and after February 17. The train will be reserved exclusively for A. E. F. personnel, which is understood to include American Red Cross, Y. M. C. A., Knights of Columbus, Salvation-Army nurses, naval attachés, as well as officers and enlisted men of the Army proper. The first northbound train in this service will depart from Mentone on February 18.

The Chief Transportation-Officer for the Paris district announces that, with the inauguration of this service, all A. E. F. personnel will be restricted to the use of this train to and from the Riviera leave-area. The train will carry first- and third-class coaches, and also a sleeping-car. Coffee and sandwiches may be obtained on the southbound trip at Dijon, and, going north, at les Arcs and La Roche.

A. E. F. personnel traveling locally between the several points at which station stops are made, as indicated in the timetable, may use the Riviera leave-train, if capacity admits.

Gray December weather greeted the King and Queen of the Belgians and their elder son on their official visit to Paris yesterday. The day had been declared a public holiday, and the arrangements were practically the same as those for King George's visit last week. As then, too, the capital had set itself to give the warmest possible reception to the modest hero king whose little army broke the first shock of the Hun hordes. Military simplicity marked the official part of the ceremony, but, the popular welcome made full amends for the absence of that pomp and splendor which at the present moment would be out of place. [Written some months ago—Ed.]

The King and Queen left Bruges by train on Wednesday night and were timed to arrive at the Bois de Boulogne station at 2 o'clock in the afternoon. There they were met by the President and Mme. Poincaré, M. Clemenceau, M. Stephen Pichon, and other members of the government, and drove along the famous procession-route: through the Avenue du Bois, Champs Élysées, and Place de la Concorde to the

Palace on the Quai D'Orsay, where magnificent apartments had been prepared.

Happily, the rain held off, and, by the time their majesties' arrival was announced by a salvo of guns, an enormous crowd had collected along the line of the route, which was held by weather-stained *poilus* belonging to famous French regiments. In the first carriage, were King Albert, in Belgian khaki, and President Poincaré. The King was looking characteristically grave and seemed almost astonished at the roar of cheers greeting him.

Next came Queen Elizabeth, the charming and timid heroine of the great Belgian epic, with Mme. Poincaré by her side and Admiral Ronarch seated in front. In the third carriage, was the young Prince Leopold, wearing the khaki uniform and forage-cap of the Belgian infantry, accompanied by M. Clemenceau, who shared the honors of the great popular reception. M. Clemenceau, it was plain, had entirely recovered from his last-week's indisposition and seemed rejuvenated by his visit, with Marshal Foch, to London.

All along the route, the royal visitors had a welcome that proved to them that France does not forget King Albert's heroic behavior of August, 1914.

Across the avenue from the station, were a few hundred British soldiers from the Paris Leave Club, and who had come under escort of two of the club's girl guides, and theirs were almost the first cheers to greet the king and queen. Gravely the king saluted them, and the queen, who was wearing a gray costume trimmed with dark fur, with a little bow, acknowledged the full-throated greeting. Then, it was M. Clemenceau's turn. He has learned during the last few days the quality of British cheering, and when he heard it again he, with a gay little flourish, waved his tall hat to the men.

At half past two, the carriages drew into the courtyard of the Ministry of Foreign Affairs, and the Belgian flag was hoisted alongside the tricolor. As the queen stepped from her carriage, a little unrehearsed incident took place. A Belgian soldier stepped forward from the crowd and offered, as from himself and his comrades, a magnificent bunch of flowers, which the queen accepted with a few kindly words of thanks.

After this outburst, the cheers took the more formal French form of "Vive le

Roi!" "Vive la Belgique!" shouted by deep-feeling, deep-voiced men, and shrilled by women whose voices rang out with even more emotion. The crowd was dense the whole length of the route, and at such points as the Étoile, the Rond Point, and the Concorde, the spectators climbing to every point of vantage on the German guns, the black, leafless trees, the lamp-posts, and even the bas-reliefs of the Arc de Triomphe, gave such a salutation as few men, having earned it, ever have heard.

Here and there in groups, there were children, women, and soldiers of the king's own subjects. They were of those who for four years have lived in exile, and, although bands at every few-score yards greeted them, no finer music could have reached these two sovereigns than the "Brabanconne" sung by the school-children, many of whom were taken from their homes four years ago, babies in arms.

B. SHERWOOD-DUNN.

Paris, France.

PRACTICE OPENING FOR A CONSUMPTIVE DOCTOR

Have you on your list any young doctor that has tuberculosis and wants to locate in a country where he has any prospect of getting well and at the same time make a good living and some money, besides? If so, I have what he is looking for. I have made enough to quit, and the only way I can get out is, to sell out and get someone else in my place. I have a well-furnished home here, covering a full block, well improved with a seven-room house, a barn, garage, chicken-house, wood-houses, windmill and tank, automobile, 2 good milch-cows, chickens, and so on. The house is furnished. The entire property, invoicing \$12,000, is insured for \$7,500 for three years, I will take for it \$9,000 and all that I reserve is, my personal clothing, light bedding (such as blankets, sheets, and comforters, instruments, and hunting-and fishing-tackle). This is the finest climate on the coast for a tuberculosis-victim. I came here in 1900, broke, and with tuberculosis in my sputum. I was told that the best I could figure on was three or four years. I weighed 120 pounds then, now I weigh 175 pounds in shirt sleeves, and have enough to live on without practice.

This is on the top of the Sierra. The temperature gets to zero but very sel-

dom in winter or to 100 in summer. One can use an automobile ten or eleven months in the year. A 5-minutes' walk brings you to a fine trout-stream; in thirty to sixty minutes on any morning in the hunting-season, in the car, you are on the hunting-ground for the mule-tail deer. In summer, during four days, you can take in the Lavas, Klamath Lake, the wonderful Anna and Sandcreek canyons, Crater Lake, and home again. On Sundays, you can take in Fall River and Pitt River Falls, and the wonderful Burney Falls, and be home for dinner. In three days, you can take in Westwood, Bigmeadows, and Mt. Lassen, and back home. With a car, you can go to San Francisco in two days, during ten months of the year. This is a stock- and mining-country, and is in its infancy.

If the aspirant for this place is a good mixer and pretty fair in surgery, he can make his living and have his \$9,000 back inside of three years, and hunt and fish sixty days in each year, besides. This matter may be taken up with the Alturas State Bank, which is a very conservative institution; and, I believe, they will tell you that the price asked for what I am offering you is cheap.

C. M. TINSMAN.

Adin, Calif.

PRIORITY IN THE USE OF EMETINE IN HEMORRHAGE

I do not wish to steal some one's thunder; still, I used emetine hydrochloride (Abbott) hypodermically for hemoptysis for the first time on January 17, 1916. The patient was a young woman who had been having hemorrhages of the lungs and whose physician had told the family that he could do nothing more. I gave her ½-grain of emetine hypodermically, then, for a short time, followed with 1-6 grain of emetoid, three times a day. The patient had no more hemorrhages for several months. She finally passed out of my care and I lost track of the case; still, I know that for months no more hemorrhages occurred.

Emetine is useful in hemorrhage of the bowel and also in some cases of bleeding from the kidneys.

I carry at all times ½-grain-tablets for emergency-use. If some other brother can

antedate me, I shall be glad to hear of his experiences.

I wish to say, however, that I reported this case once before, having mentioned it in a letter to Doctor Abbott, but it probably was overlooked.

A. T. BOTTS.

Decatur, Ill.

THE WORK OF RED-CROSS ORGANIZATIONS IN RELATION TO PREVENTIVE MEDICINE

On May 2, Sir Arthur Newsholme, of London, delivered an address, at the National Headquarters of the American Red Cross, on the subject of "the work of Red Cross organizations in relation to the preventive medicine of the future," which had formed the topic of the deliberations of the committee of Red Cross societies of the United States, France, Great Britain, Italy, and Japan, which had been in session at Cannes, France, for the purpose of formulating and proposing to the Red Cross societies of the world an extended program of Red Cross activities in the interest of humanity.

Sir Arthur Newsholme, who is a member of the committee of Red Cross Societies, referred in some detail to the work accomplished by the Red Cross, not only in taking care of the wounded and sick soldiers, nor only in alleviating suffering and aiding in times of accidents (such as the Halifax disaster) but, also, in preventing disease in various ways, as, for instance, by cleaning up the areas around military camps, and thus minimizing the risk of malaria and other communicable diseases, including venereal ones, and assuring good milk supplies and establishing better conditions of sanitation.

The conference at Cannes had set itself the task, especially, to consider means by which the activities of Red Cross workers might be utilized all over the world for the prevention of illness, as well as for the treatment of sick and wounded mankind in general. Doctor Newsholme pointed out the importance of the plan of the Red Cross, by which it was to continue its beneficent activities against the horrors of peace, which, in the aggregate, are even more serious to the human race than are those of war. He showed that the devastation produced by disease in times of peace is greater even than the

loss of life from war. This particular point was brought home to us with unusual force during last winter's influenza-epidemic, which demanded more lives in the course of a few months than were sacrificed during the four-and-one-half years' period of the war.

Of course, measures for the prevention of diseases constitute a definite function of the government and can not be enforced by private enterprise. Nevertheless, the true object of all voluntary workers is, to stimulate official public-health work and also to aid it in the manner in which the many Red Cross activities had been and are being carried out so efficiently, with the sanction of the government.

The work of the Red Cross societies, as planned by the Cannes Conference, would be undertaken by an international bureau and by national organizations. The international bureau would act as a great center for collecting information on various public-health subjects, and for digesting it and subsequently distributing it by means of special publications or periodicals. It also would act as a means of educating the general public on urgent problems affecting its welfare, and would be utilized as a center, organizing in less favored communities missions, for the purpose of undertaking local investigations and remedial work.

The central bureau would comprise a number of branches dealing with epidemic diseases, child-welfare, nursing, and allied subjects. Its task would be, to cooperate fully with the National Red Cross societies and to aid the latter in their various undertakings for the prevention of disease and for the relief of suffering.

THE TUBERCULOUS SOLDIER

Some of the very best results being obtained in the Reconstruction Hospitals are found in the tuberculosis sanatoria.

There are ten United States army hospitals devoted entirely to tuberculous patients, while in every hospital one or two wards are set aside for those cases waiting transfer to some special hospital. The total number of patients in these ten hospitals is today about seven thousand, and several thousand have already been discharged. Approximately one-fourth of the present number of patients have been

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under treatment for periods of six months or longer.

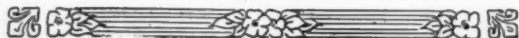
Every tuberculous patient is treated and handled as an individual case. Outwardly the majority of these men look every inch the soldiers they have proved themselves to be. No outward sign gives any indication of their malady. No ache or pain or other symptom warns them of their trouble. Only the most scrupulous, thorough-going investigations of the diagnosticians discover the hidden enemy and put the men in a position to combat the disease successfully. This discovery of the disease in its early stages, with the prompt treatment instituted, accounts for the fact that almost all of these men recover.

During the early course of the disease—the febrile stage—the men are kept very quiet, in bed. Every means of diversion, including some bed occupations that do not interfere with this rest treatment, is afforded them. As the disease becomes quiescent and the fever disappears, they are allowed to spend most of the day in reclining chairs on the porch. During this period, certain occupations are introduced as a definite part of the cure. The doctor finally prescribes one or two hours' exercise a day, and this is gradually increased as improvement progresses. This allows the patient to enter one of the coveted courses in school or shop—coveted because, from the early days in bed, he has been stimulated to plan for his future and certain studies have already been given him along his chosen line. Constant supervision, by the doctor, of the general condition of each individual patient, the changes in his lungs, and his progress toward recovery is necessary. The kind and amount of work to which each individual is assigned is graded accordingly.

In no hospital is there greater opportunity for reconstruction work or a closer co-operation between the medical and educational officers than in these tuberculosis hospitals. Here the educational work has found one of its richest fields.

The uninterrupted period, in the sanatorium, of seven months is sufficient time in which to give a most thorough training in any one of several lines of work peculiarly adapted to this type of patient. Since the first part of this period requires only moderate physical effort, the commercial subjects are most excellently adapted to the needs of the tuberculous man. Hence, stenography, typewriting, bookkeeping, telegraphy, and similar occupations provide very prominent and popular courses. In these various lines, the men are able to gain a high degree of skill, and already the tuberculosis hospitals are sending considerable numbers of trained and apparently cured men out into excellent positions in the commercial world. Of course, the entrance of recovered tuberculous men into commercial pursuits will necessitate a constant medical supervision and inspection in order to guard against the possibility of relapse or new infection. The same precautions, however, are necessary for tuberculous civilians, no matter what kind of work the patients may enter or where they may be employed. Time alone will tell whether they are permanently cured and, for this reason, every discharged patient must be periodically examined and medically supervised in order to detect the earliest signs of recurrences and to check these at once by prompt precautions.

For many patients, assignment to outside, open-air work seems highly desirable, especially when their former occupations were outside. Courses in farming, dairying, poultry raising, bee culture, gardening, and other outside activities are wonderfully adapted to the needs of such patients. The efforts along these lines and the results obtained at New Haven, Conn., Oteen, N. C., Denver, Colo., Otisville, N. Y., and other places, bear abundant testimony to the value of such opportunities as are afforded the tuberculous men in the Reconstruction Hospitals. (From *Carry On*, May, 1919.)



Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

The Actual and the Ideal

[Continued from June issue, page 453.]

HEINECKEN, Christian Henry, an extraordinary youth, born at Luebeck, in 1721. He spoke his maternal tongue fluently at ten months; at one year of age, he knew the principal events of the Pentateuch; in two months more, he was master of the entire histories of the Old and New Testaments; at two years and a half, he answered the principal questions in geography and in ancient and modern history. He spoke Latin and French, German and low German with great facility before the beginning of his fourth year—1725—during which he died." And his biographer closes with the melancholy announcement that "his constitution was so delicate that he was not weaned till a few months before his death." Any comment upon so phenomenal a radiance would seem impertinent. Possibly, to some of us, the most appalling feature of the lad's precocity lies in the "maternal tongue" having been spoken fluently at the age of ten months—for, it was German!

And, what shall we say of Giovanni Pico, Count of Mirandola, or of Oldfield, whose mind, it is said, "presented the finest display of human perfection"—although, to him, we must also attribute the flower of character as well as that of knowledge, for, "he was never known to be out of temper, and, though he suffered an illness of ten years, never repined or seemed impatient."

It would not do, of course, to generalize, from these and similar examples of astounding erudition. They are adduced here merely to indicate that the amplest knowledge may, still, be eclipsed by comparatively obscure competitors, and to bring home more forcibly the assertion, stoutly maintained after considerable experience and reflection, that the vital desideratum of education is, not so much to equip us for the battle of life and

struggle for existence, as is so freely affirmed, as to shape in our hearts an exalted sense of honor and justice, and by every possible means to enshrine in our thoughts the ideal excellence of character without which learning is but an idle splendor. Nay, more than this, it is scarcely conceivable that the riches of knowledge should be aught save a burden to their possessor, unless united with traits of honor and loving kindness, and sympathies as delicate and tender as they are catholic and sincere.

It is necessary to consider seriously the tendency and scope of the question, and it brings us ultimately to the relation which the actual, visible, ponderable events of life bear to the unseen forces that shape society in its collective import and create and nurture in the individual the fairest offspring of truth, the *ideal*.

It is a perplexing period of the world's history. On the one hand, the powers of darkness—incarnate in the stupendous selfishness of men and nations—seem to gather strength with each new decade, and but too often the majesty of the law, at once the bulwark and burlesque of justice, is invoked, to clothe with final sanction that which conscience proclaims iniquitous. On the other hand, the signs of human progress toward ideal goodness are evidenced by a deeper communion of human interests than has marked any previous epoch, and by a worldwide principle of charity impossible to men before the Christian era.

"The world moves". Each century is better than its predecessor—stronger, freer, happier; and, if a cursory glance at the record of any given period indicates a seeming decline, a more careful survey of general results shows the lapse to be as the retrogression of planetary orbits—advancement even in seeming reversion. Barbarianism enough remains—we have only to read the daily chronicles of crime

to learn that. But, with all that is depressing in our present degree of civilization (for, we are civilized to only a certain degree), the great fact that, more than ever before, the welfare of the people receives legislative consideration persuades us that the power of the few is being broken and the "greatest happiness of the greatest number" is becoming the study and care of governmental policy.

God said, I am tired of kings,
I suffer them no more:
Up to my ear, the morning brings
The outrage of the poor.

This is not uttered in the narrow sense of self-sufficiency peculiar to our republican vantage; in truth, we are but trying an experiment in government, an experiment, too, that, so far, has proved only a splendid failure. Still, enough has been tested to show that masses of people must not be ignored in framing any equitable legislation, that, on the whole, a closer approximation to justice is attained through diffusion of power, and that the freedom thereby enjoyed offers a greater security and permanence than can be given by exclusive control by the state. It must also be confessed that, viewed in the largest economy, the political aspect of government is of subsidiary value as compared with moral and intellectual worth and that civic virtue that alone insures the greatness of a nation. This sign of the times is, however, most tangible—the certain, though tardy, tribute to the common weal—and, as such, illustrates the spirit of progress we are considering.

It may be conceded, then, with no little plausibility, that the sphere of human activity, the incentive to larger aspirations, and the gradual amelioration of the condition of mankind are assuming ampler proportions with each succeeding generation and that the horizon of higher susceptibility, bounded only by mortal limitation, is ever widening as we ascend to loftier, nobler planes of thought and feeling. Yet, as we have seen, this loftier flight has been, in part, stimulated by an unprecedented advance in the march of intellect. And here occurs in our progress an apparent, we must not say real, perturbation, like a loop in the course of Mars, which tends to set at naught our whole theory of the moral faculties, by the influence of which the equilibrium of mind and matter

is rendered stable and abiding. For while, we have lost sight of the end in the means, the passing phenomena of which absorb our attention. The soul, the immortal principle that is to the senses as light is to molecular affinity or as is the blue ether to the vapors that wrap a planet is forgotten in the feverish devotion to that which mere reason commends as the only oracle of truth.

One of America's greatest inventors, a pronounced materialist, not long ago, expressed, through the daily papers, his unbelief in the existence of a soul, asserting that the "soul", so called, is as material as the wax cylinder of a phonograph!

The ideal has become merged in the visible. A cold materialism has supplanted that tender faith in the unseen, which halloed the Academe and illumined the hills of Judea as they were the footstool of God. Everywhere we see the desolation wrought by adherence to unbelief in everything that conveys no distinct, appreciable knowledge to the outward senses.

Let us neither mistake the question nor magnify the importance of the issue involved. It were futile to disparage the onward sweep of modern thought or to detract from the beneficial results accruing to mankind from rational inquiry, the impetus of whose course can not be checked by idle criticism or failure to appreciate its motive and direction. What, however, shall we say when a prophet of the new school, eminent for intellectual grasp and acumen, formulates that school's philosophy in the following assertions: "Consciousness is a function of nervous matter. . . . We shall sooner or later arrive at a mechanical equivalent of consciousness, just as we have arrived at a mechanical equivalent of heat. . . . The progress of science has, in all ages, meant, and now more than ever means, the extension of the province of what we call matter and causation, and the concomitant, gradual banishment, from all regions of human thought, of what we call spirit and spontaneity."

Here, we have the motive of a stupendous creed, which, carried to its logical conclusion, would banish from our hearts and minds the very memory of the ideal and invest all that is most sacred to mortal insight with hard, mechanical interest. The

baneful influence of such teaching as this upon those incapable of discerning its origin and scope results in the fatalistic bias engendered by all iconoclasm.

Once shatter the imaginative faculty in us by the logic of materialism, and the real, albeit it may kindle a purely intellectual glow, assumes hollow, dreary proportions. Silence the delicate lyre that wakens in our dreams, that is touched to sweetest music when the heart responds to the presence of a child's hands, to the sight of a modest wild flower, to the voice of a woodbird or to a thrill of noble feeling whose only utterance is a tear—what, then, is there left in the Gorgon world of fact to replace the hold of these upon us?

Can the visible, classified details of creation satisfy the soul's thirst or the power of knowledge assuage the sorrows that empiricism is impotent to understand? Is the astronomer's bereavement less poignant because of his celestial love? Is the grief that visits the physicist mitigated by the might of his learning? How, then, will it fare with us if, abandoning our childlike faith in the unseen, we welcome exact knowledge as the only truth? We can not fear ethereal fancy, fairest of that fair band of sisters who compass us as mortal attributes. Shall the sweet prattle of our children be less precious to us, the perfume of the rose be less grateful, less mystical, less entrancing, the summer cloud less beautiful, the night-wind's cadence less tender and suggestive, because, forsooth, we have discovered the laws of their physical operation?

Let memory treasure the softening, though evanescent, impressions of beauty received from the survey of natural phenomena, rather than suffer the warmth of the sensibilities to be chilled by irreverent scrutiny. It is precisely in view of the fact that too close adherence to details is wont to dull the capacity for larger generalization that Thoreau said: "Nature will not bear to be looked at directly. She is like Medusa and turns the men of science to stone."

The Ideal and the Appearance! They stand in juxtaposition and in contrast, like light and shadow in a landscape. So closely interwoven are their relations with each other, so blended their effects that it is unphilosophical to dissolve their union;

and only as variant factors in the progress of thought can they be said to possess distinctive energies. Yet, they typify diverse methods of reasoning and diverse reactions upon the mind; and, in their cumulative results, in the extremes of optimism and pessimism (to employ phrases so often applied loosely), they imperceptibly exert diverse influences in shaping the conduct of mankind. One immeasurable superiority has the Ideal over the Apparent; namely, that, while imagination may include and transcend the sphere of fact, weaving therefrom the fabric of its dreams, the domain of exact knowledge may fail to cover the philosophy of intuition and fancy.

Many of the world's most noted scientists have been idealists, not least among whom stood those devout botanists of a century ago who approached nature with somewhat of the old Greek love for her—with that sympathetic affection that shines in Homer, is eloquent in Bion and Moschus, and appears in many passages in the trilogies, exquisite in fervor of simple, untutored delight. It stands forth in the awful veneration rendered imperishable by the psalms of David and fills with delicate perfume the rose-garden of Saadi. Listen to Linneus, a few selections from whose works will suffice to show the spirit he brought to his long labors. In his "*Critica Botanica*", he says:

"What do mortals desire in this world of change and vicissitude, the necessities of life being obtained, save that after death some gentle memory of them shall remain, some recollection of nobleness that may survive corporeal decay? How many heroes, how many kings and emperors, how many strong and brave men have dared even the leaden fury of war that they might transmit to posterity name and fame! And, why should not the botanist so aspire, when he has dared not less than they? Whatever labor it involves, however tedious and perplexing becomes the study of botany, I know not what devotion inspires us in its pursuit, until our love of science merges in it all thought of self." Continuing, he exclaims:

"I deem it not superfluous, then, if name and memory should be endeared through countless labors and enduring patience on your part. Ah, how trivial seems the reward of all that toil, yet, how grateful to the recipient! For, although the knowl-

edge of this veritable tree of life which shall prolong your years, shall perish, the flowers shall remain and be revived and, with perennial gratitude, exhale the sweet recollection of your lives, yea, a memory more lasting than marble, more abiding than honor of kings and heroes. Riches, forsooth, may vanish, the stateliest edifices be brought to ruin, great states and flourishing kingdoms subverted; but, sooner shall nature herself be destroyed than shall decay the vegetable world or be forgotten he who to botany has brought renown!"

The language of Stigelius is full of lofty feeling, reflecting the pious spirit brought to natural study in his time. What dignity is there in the simple epitaph penned by his own hand: "Here I, Stigelius, lie, Who cares? Yet, God notes that which all the world ignores." In Thunberg's "Upsalian Dissertations", we find this glowing passage: "The true student of botany desires, not only to know, but, to feel. Even what is most useful blends with the perception of utility a passionate delight, and to him who earnestly pursues his task there are innumerable compensations for his toil. Not all things that we undertake look toward lucre. Exercise is dear to one engaged in the chase; the athlete finds his utmost exertion refreshing. Not always do we seek the useful; with even greater zest, do we pursue the amenities of life. In the care and study of plants, indeed, there is mingled so innocent a delight that, although the labor in no way offers a palpable reward, but, is sought for pure love of knowledge, this zeal should, surely, be counted among the most gentle and human of earthly desires".

Dr. George M. Gould has well said, in an essay on "Vocation or Avocation": "Some seven hundred years ago, a non-Christian physician was also a prayerful, but, genuinely religious man. His heart and mind were fervent with love of his brother-men and with compassion for their physical woes. He was also most zealous in science, eager to unlearn his errors, watchful for new truth, earnest in wishing to add to the vast body of impersonal ob-

jective truth called Science—Science which will, finally, Science which only can heal the mighty patient, humanity, of its ills. Hallowed by the impassioned spirit of holy medicine, this noble physician thus invoked his God, our God, and the God of true Science: 'Thy Eternal Providence', said Maimonides, 'has appointed me to watch over the life and health of Thy Creatures. May the love of my art actuate me at all times; may neither avarice nor miserliness nor the thirst for glory or for a great reputation engage my mind; for, the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. May I never see in the patient anything else but a fellow creature in pain. Grant me strength, time, and opportunity always to correct what I have acquired, always to extend its domain; for, knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today, he can discover his errors of yesterday, and tomorrow he may obtain new light upon what he thinks himself sure of today. Oh, God, Thou hast appointed me to watch over the life and death of Thy creatures: here am I ready for my vocation'".

Sir Michael Foster said most aptly: "It is in the putting forth of the hypothesis, that the true man of science shows the creative power that makes him and the poets brothers. His must be a sensitive soul, ready to vibrate to nature's touches. Before the dull eye of the ordinary mind, facts pass one after the other in long procession, but, pass without effect, awakening nothing: in the eye of the man of genius, be he poet or man of science, the same facts light up in illumination, in the one, that of beauty, in the other, that of truth; each possesses a responsive imagination."

Helmholtz was an idealist of the purest type. His was a poetic nature, apt in verification and in music, yet with an intellect so searching that he was not entirely satisfied by esthetic feeling and fantasy, but, sought also to understand them.

[To be continued.]



Among the Books

ROSE: "PHYSICAL DIAGNOSIS"

Physical Diagnosis. By W. D. Rose, M. D. Two Hundred and Ninety-Four illustrations. St. Louis: C. V. Mosby Company. 1917. Price \$4.00.

While it can not be said that there is a dearth of textbooks on the subject covered in the volume before us, this recent contribution to the literature on physical diagnosis recommends itself by the clear and simple treatment of the subject. There is no undue space devoted to theory, the various methods of physical diagnosis being described and taught, clinically, as it were, with reference to numerous excellent illustrations, and in such a manner that the methods outlined can easily be practiced on the living subject. We have enjoyed reading Doctor Rose's book and can recommend it cordially.

CROSSEN: "DISEASES OF WOMEN"

Diseases of Women. By Harry Sturgeon Crossen, M. D., F. A. C. S. Fourth Edition, Revised and enlarged. With 800 Illustrations. St. Louis: C. V. Mosby Company. 1917. Price \$7.50.

It is seldom the Reviewer's privilege to be able truthfully to give as unstinted praise as this work deserves, whether we regard it as a treatise on an important subject, or as an elegant specimen of book-making. The type has been happily selected, making an open and attractive page, while the use of bold-faced type for section heads and for important phrases, facilitates the finding of desired information. The fourth edition has several improvements over previous ones, notably a number of new illustrations. Perhaps the most important feature of the present volume is a chapter on the ductless glands and their relation to gynecology. This is most interesting and timely, in view of the increasing attention that the profession is giving to this subject. It is gratifying, too, to observe that the author has not

allowed the importance of surgical gynecology to overshadow the less spectacular but equally important field of non-operative gynecology, as some of our recent textbooks have done. For every competent surgeon there are a score of family physicians who need just the kind of help to be found in this work. The present Reviewer cannot but regret that such a volume was not accessible a generation ago when we had to make our perplexing way over the then uncharted seas of gynecology.

McJUNKIN: "CLINICAL MICROSCOPY AND CHEMISTRY"

Clinical Microscopy and Chemistry. By F. A. McJunkin, M. A., M. D. Illustrated. Philadelphia and London: W. B. Saunders Company. 1919. Price \$3.50.

In this volume, the author attempts to bring to the attention of the reader the clinical application of chemical and biologic methods. This is a point that has received too little consideration in textbooks or manuals dealing with laboratory methods. Usually, the procedures for making certain tests are outlined and described, but the student or practitioner is left without assistance when he attempts to draw inferences from the result of his investigations. For instance, in urinalysis; supposing the acidity is high, the quantity of urea low, while there is present indican, and also skatol. There may, or may not, be evidences of oxaluria. Now, what is the answer? The student justly expects from a textbook on laboratory technic that this answer should be supplied; that is to say, that the explanation be afforded for certain variations from the normal in the result of his urinalysis, or of his blood examination, or of the investigation of serous fluids, and so on.

While Doctor McJunkin has in his present treatise discussed many of the points referred to by the Reviewer, and while in this respect his book possesses many advan-

tages over other laboratory guides, we would like to see the doctor carry the idea still further. It ought to be possible in a "clinical" microscopy and chemistry to discuss the laboratory findings with distinct reference to the clinical conditions that are suggested by them. Laboratory technic is all right, but it is only a means to the end. It is never the end itself, except to the man who specializes in laboratory technic exclusively. The clinician wants to know why, and where, certain irregularities occur. Moreover, if he can be given a hint as to how to remedy them, it would be so much the better.

Despite these considerations, that may, or may not, be accepted as criticism of Doctor McJunkin's textbook, this, nevertheless, may be recommended cordially for the subject matter which it actually contains. We hope that, in a later edition, the author may decide to extend his investigations along the lines suggested.

FERNALD: "EXPRESSIVE ENGLISH"

Expressive English. By James C. Fernald, L. H. D., Associate Editor of the Standard Dictionary. New York: The Funk and Wagnalls Company. 1918. Price \$1.60.

This work should be in the hands of every lover of good English. The author has a clear and expressive style, a refreshing breadth of view, and a keen sense of humor. Grammarians often have been prone to dogmatize—to lay down *ex cathedra* rules for the government of speakers and writers, and sometimes these rules were not founded on reason, nor were they in accord with the English of the great classical writers. The author unsparingly points out the futility of some of these rules, and quotes liberally from the best English literature, to prove the soundness of his own contentions.

A lover of good English himself, Doctor Fernald discusses his subject so attractively that the reader can not escape the contagion of the author's enthusiasm. One reviewer voices his opinion about the book, rather tritely, maybe, yet, sincerely by characterizing it as being "as fascinating as a novel."

The atmosphere of the work is one of freedom. The author very properly maintains that no one can use the English language to the best advantage when he is

hampered by rules that have no better excuse for existence than the *ipse dixit* of some self-appointed dictator. He holds that the first requisite of language is, that it should be expressive; for, if it is not so clear that the reader can grasp the meaning at once, the author has failed in the very object for which language exists. Of course, other qualities are desirable, such as strength, harmony, picturesqueness, and, in regard to all these features of good English, the student will find much to assist him in acquiring a proper style, and, not, by means of arbitrary rules, but, by abundant quotations from classical authors that illustrate each point.

LOEB: "EAR, NOSE AND THROAT"

Military Surgery of the Ear, Nose and Throat. By Hanau W. Loeb, M. D. Philadelphia and New York: Lea & Febiger. 1918. Price \$1.25.

This little volume is No. 8 of the Medical War Manuals, the publication of which was authorized by the Secretary of War and under the supervision of the Surgeon-General and the Council of National Defense. It constitutes a review of the surgical literature of the great war in so far as it pertains to the ear, nose and throat. In order to make it of the greatest service possible, the author has divided each chapter into two portions, the first containing a more or less dogmatic expression of his own opinion gained from previous personal experience and from the study of the war literature; while the second, which is headed "Comment", consists of a review of the literature in detail.

The literary references that have been considered are very ample, thirty-two pages of text having been devoted to their enumeration in the final chapter. The little book contains an enormous amount of condensed information.

"PRACTICAL MEDICINE SERIES"

The first volume of the *Practical Medicine Series* for 1919 is devoted to the last year's literature and progress in general medicine. It forms a splendid volume of 607 pages of text, covering most of the "internal" diseases that practitioners are called upon to deal with.

The *Practical Medicine Series* is issued in eight volumes per annum, covering the

entire field of medicine and surgery and of specialties. Each volume is complete on the subject of which it treats for the year prior to its publication. The subscription for the series of eight volumes is \$10.00, while the price of the individual volumes ranges from \$1.50 to \$2.50. The series is gotten out by The Year Book Publishers, 304 South Dearborn St., Chicago, and forms a remarkably useful means for keeping abreast of progress.

"PROGRESSIVE MEDICINE"

In the current volume (June 1) of *Progressive Medicine*, a special chapter is devoted to the subject of hernia, and this is followed by a chapter on surgery of the abdomen, exclusive of hernia. Of particular interest to the general practitioner, is, the review of the literature on the disorders of nutrition and metabolism, diseases of the endocrine glands, and diseases of the blood and spleen.

In the fourth number (Dec. 1, 1918) of last year's volume, which has not yet been acknowledged, there is of great value to the general practitioners a "practical therapeutic referendium" prepared by Dr. H. R. M. Landis. This discussion of therapeutics occupies ninety pages of text and contains a great amount of useful information concerning all sorts of remedial agents.

Progressive Medicine, which appears quarterly, being edited by Professor Hare and Doctor Appleman, is published by Lea & Febiger, Philadelphia, Pa., at the price of \$6.00 per annum.

"SQUIBB'S MATERIA MEDICA"

Squibb's *Materia Medica*, 1919 Edition. Published for The Physician and the Surgeon. By the Medical Department E. R. Squibb and Sons. New York.

This is a complete alphabetical list of the Squibb's products, including all the articles of the United States Pharmacopeia (IXth Revision) and of the National Formulary (IVth, 1916, edition) together with the nonofficial chemicals, pharmaceuticals and newer remedies in general use; setting forth their origin, Latin and English titles, synonyms, physical and chemical characteristics, incompatibilities, antidotes, therapeutic indications, dose. Also, a comprehensive descriptive list of tablets for internal and for hypodermic use; of bio-

logical products, and of reagents, including test solutions, volumetric solutions and indicators.

Squibb's *Materia Medica* contains an interesting historical introduction, referring to the one hundredth anniversary of the birth of Doctor Squibb, the founder of the house, and to the sixtieth anniversary of the founding of this firm. It is astonishing to realize how great an influence Doctor Squibb has exercised upon the preparation of pure drugs in the past, and it is a matter of congratulation that from the beginning the designation "Squibb" after the name of a drug was unhesitatingly taken as a guarantee of purity.

The little book itself is a useful reference volume for rapid consultation and will be much appreciated.

MORROW: "DIAGNOSTIC AND THERAPEUTIC TECHNIC"

Diagnostic and Therapeutic Technic. A Manual of Practical Procedures Employed in Diagnosis and Treatment. By Albert S. Morrow, A. B., M. D. With 860 Illustrations, Mostly Original. Second Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders Company. 1915. Price \$5.00.

The process of establishing a diagnosis, of almost any condition of ill health for which the physician is consulted, has long since extended far beyond the feeling of the pulse and inspection of the tongue. Not only is a complete physical examination required but additional measures often are necessary in order to supplement the findings secured by means of stethoscope and percussion hammer. Many of these diagnostic methods, whether they be the removal and examination of gastric contents, or of fluid collected in the pleural cavity or in the peritoneal cavity, or whether it is a question of investigating the actual condition and functioning of any of the special organs of the body, necessitate certain procedures that must be learned with care in order to be successful. Moreover, most textbooks on diagnosis and on the practice of medicine are forced through their limitations of space to omit the detailed consideration of many diagnostic procedures.

There are also methods of treatment that require special dexterity and the observance of a definite and careful technic. Here again it often is impossible, or at least

very tedious, to secure the necessary guidance in the ordinary textbook.

In the volume before us, there is collected a large number of procedures employed in diagnosis. The author has succeeded so well in the task that he set himself, that his title "Diagnostic and Therapeutic Technic" may be understood in the widest sense possible. Doctor Morrow's textbook is unusual in the wide scope of subjects that are treated and in the splendid manner in which the teachings are given. A remarkably free use has been made of illustrations, and the general practitioner, especially he in country- or small town practice, will particularly be grateful to the author for this very efficient guide.

MACFADDEN: "MANHOOD AND MARRIAGE"

Manhood and Marriage. By Bernarr MacFadden. New York: Physical Culture Publishing Company. Price \$2.00.

Since "the wages of sin is death", Mr. MacFadden's book endeavors to raise up the fallen, to shed the light of knowledge where only the darkness of the vilest prudery reigns, to place health of body and purity of mind within the reach of every human soul now struggling in the mire of weakness, disease, mental and moral filth. And, to men who have been tortured almost beyond mortal endurance as the result of ignorance and sin at the time welcomed unknowingly, this book is reverently dedicated.

In discussing the relations between boys and girls, young men and young women, and grown men and women, the author, while outspoken, to a degree, nevertheless employs a purity of language and thought that is stimulating. He considers it absolutely essential that the subjects of manhood and womanhood, of virility and of sex should be regarded with pure minds rather than from the militant morality and foul minded viewpoint of the prude. He claims that the impure mental attitude toward sex and sex problems, with the prudery and ignorance that have grown out of it, have been responsible for more human suffering weakness and tragedy than all the wars of the world. As a matter of fact,

there can be nothing inherently evil in the problems of sex because they are an integral part of healthy and wholesome manhood and womanhood.

Mr. MacFadden, who is an enthusiastic advocate of physical and mental vitality, and who, undoubtedly, has done much in promoting and preaching clean living and thinking, takes up, in the present volume, many questions that confront young men and older men, and that are of interest also to women. Seeing in a happy marriage the culmination of a full, natural and useful life, he very properly discusses the marriage question in great detail.

Paradoxical as it may seem, Mr. MacFadden is firm in his conviction that marriage is truly a divine institution, but, yet, he sanctions divorce—under certain conditions. He considers it wrong that men and women should be forced to live together when love has turned to hate and disgust, and believes that such a compulsory relationship would be destructive to character. "Marriage is made by love and is unmade through the disappearance of love, regardless of legal or theological enactments. This law is definite and final."

In regard to the marriage relations, Mr. MacFadden's views are sound, for the reason that they are eminently fair to both husband and wife. Indeed, he is definitely and positively opposed to the customs and views that have come down through the ages, are still all too evident, and according to which the wife is considered merely as a chattel, subject to her husband's whims and passions. Mr. MacFadden is very insistent upon it that, in the marriage relation, the wife's rights are equal to those of the husband and, indeed that these relations should be regulated by her.

There is much good advice, much sensible philosophy, and much wholesome enthusiasm and optimism in this book which physicians should read and take to heart, after which they might usefully give it to their young men and to older men as well. There is a vigor and wholesomeness of feeling actuating the writing of this book which makes the advice alive and useful and stimulating. The Reviewer has read it through with much appreciation and cordially recommends it.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Queries

QUERY 6433.—“Nuclein in Combination with Bacterin-Therapy.” G. H. W., Michigan, asks: “Is there any objection to associating nuclein-solution with an injection of bacterins. Are they incompatible?”

It is a well-known fact that the injection of any foreign protein, bacterin, or other, in most patients elicits, as one of the initial responses, a leukocytosis; the leukocytes usually being increased, from 8 thousand to 10 thousand, which is normal, up to as high as 25 thousand. The increase is principally in the number of polynuclears, although in some instances the lymphocytes are particularly increased in number.

In some individuals, for reasons as yet unknown to us, this leukocytic response does not occur, and, further, if our theory about the use of bacterins is correct, they increase the opsonins of the serum. The opsonins, as Doctor Wright holds, prepare the bacteria for phagocytosis; therefore, injections of bacterins, if the patient exhibits a normal response, will increase the opsonic index of the serum and also increase the number of the leukocytes.

This leukocytic response to a bacterin-injection, however, is a temporary, or fleeting, condition, and the opsonic increase does not occur until after the leukocytosis, as induced by the bacterin injection, has markedly diminished or disappeared.

Reasoning, therefore, from what practical knowledge we have and our present theory about the action of bacterins, it would be rational to employ some agent calculated to increase the number of leukocytes in the circulating blood. For this purpose we have at present nothing the equal of nuclein, so far as we know.

If we simply inject bacterins we find, after seventy-two or more hours, a rise in the opsonins that prepare the bacteria for

phagocytosis. If, in addition, we now give nuclein hypodermically, we increase the number of phagocytes, and, consequently, have added the other essential factor.

We have repeatedly found, especially in chronic staphylococcus-infections, that bacterins alone were of little value. We recall distinctly at present the case of a physician who had a chronic furunculosis, lasting some years, in which an autogenous bacterin failed to produce results, notwithstanding he took enormous doses—50 billion organisms—at one time, without any reaction whatsoever resulting.

Regardless of the fact that this patient had several large-sized furuncles, the blood examinations showed that his leukocyte-count was only 10 thousand—practically normal. There was no evidence of diabetes, tuberculosis or other systemic disease to account for his lack of response. There was no evidence of general disease that would account for his failure to acquire immunity to staphylococcic infections, even after bacterins had been administered in very large doses.

An opsonic-index determination evidenced that the opsonins in his blood had been very markedly increased. However, as the leukocyte-count was low, recovery did not take place. This was explained to him over the phone and, as he had had this trouble for several years, he immediately decided, that, if a little nuclein was good, a larger amount would be better, and, having on hand some of the Lundvall solution, that he was using in a case of dementia præcox, he took one mil of this (a 10-per-cent solution of nuclein) hypodermically. This concentration of nuclein is very painful when injected; hence, it caused a burning like a hot iron for about three hours. There followed a severe chill and a rise of

temperature of 4 degrees, this reaction lasting about forty-eight hours. However, the furunculosis immediately showed signs of retrogression, and had completely disappeared on the eighth day. Furthermore, notwithstanding the fact that previously, whenever he came in contact with a purulent case, either in the hospital or in private practice, there would at once form one or more furuncles, he now, within the past seventeen months, contracted not a single infection and has returned to the active practice of surgery, which, previous to this experience with the nuclein, he had virtually abandoned.

Theoretically, we do not believe that it would be good policy to combine nuclein with a bacterin in the same dose, particularly when it is a staphylococcus-bacterin. There may be no practical difficulties; but, this can be determined only by experiment.

Nuclein, owing to its high positive chemotactic action, which is also possessed by dead staphylococci, might, when injected, result in the formation of a sterile abscess at the site of inoculation. This, also, can be determined only by experiment.

A more rational procedure, to our mind, would be, the hypodermic administration of nuclein from forty-eight to seventy-two hours after giving the dose of bacterin, because it is at this time that the opsonins are in the ascendancy, and it is well known that nuclein produces a leukocytic rise in a very few hours. Under this method of dosage, the leukocytes would be increased in the blood-stream at the very time when they would be needed and when the greatest amount of opsonins would be available.

There are also some theoretical as well as practical grounds for believing that the leukocytes have something to do with the production of the opsonins; in fact, Metchnikoff and his followers assert that the opsonins are derived directly from the leukocytes. If this be true, it is one more argument in favor of the use of nuclein.

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QUERY 6434.—“The Flavines and Malachite-Green.” H. H. S., New Jersey, requests information regarding the use of the flavines and malachite-green.

The use of malachite-green and the flavines is fully covered in the “Handbook of Antiseptics” by Dakin and Dunham.

As you may be aware, both malachite-green and brilliant-green have been in use

for some time. In combination with mercuric chloride, malachite-green has given fair results, but, otherwise these dyestuffs have not been found very effective. The acridine dyes—acriflavine, and proflavine—were introduced a few years ago. These yellow dyes have been found much more efficient as bactericides than the malachite-green. Acriflavine has given the best results; unfortunately though, its action is very slow, a 1 : 1000 solution requiring twenty-four hours to effect complete sterilization.

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QUERY 6435.—“Obscure Case of Loss of Appetite and Energy.” L. P. H., Vermont, has under his care a girl, nineteen years of age, who, two or three years ago, began to feel sick, the first obvious symptom being an enlarged thyroid gland. She is naturally stout. Having her urine examined, 5 percent of albumin was reported being present. Under an appropriate diet and Basham's mixture, this disappeared after a time. Later, our correspondent advised her to go to the hospital, as she had lost her appetite entirely. Her friends, however, would not consent to this, so, he gave up the case. Another doctor took charge, and, by forced feeding, got her to eat certain kinds of food. At last, he became discouraged and the girl returned to L. P. H., her original medical attendant. The latter is now employing vibration and violet light, and also is giving her tonics, to increase the appetite, together with compound cathartic pills. The girl is extremely constipated, or, rather, has no action of the bowel, which appears to be “paralyzed”. She eats only bread and butter and drinks coffee. The thyroid gland still is somewhat enlarged. “She seems to be heavy enough, but, has not much strength.”

You do not say anything about the blood pressure or the pulse rate, neither do you give us any idea about the character of her skin. In fact, from the picture presented, it is a question in our mind as to whether thyroidism really obtains or, at least, whether that is the basal pathological condition.

We should have the urine and blood of the girl examined at somewhat frequent intervals.

We can not think that it is desirable to administer those cathartic pills, neither should we limit the diet to bread, butter, and coffee; in fact, she should not touch

coffee. Let her take plenty of vegetables, fresh fruits, milk, and Vichy water or buttermilk; also try whether you can not secure a more satisfactory intestinal condition by the use of liquid paraffin, together with, perhaps, some such combination as berberine hydrochloride, gr. 1-6; juglandoid, gr. 1-6; physostigmine salicylate, gr. 1-500; strychnine sulphate, gr. 1-4; oleoresin of capsicum, gr. 1-64; taken after each meal for a week or so; and a tablet containing podophyllin, leptandroid, irisoid, with nux vomica and capsicum, at 8 and 9 o'clock p. m., every second or third night. The next morning, the patient should receive a dose of sulphate of either magnesium or sodium, the mineral oil to be omitted on these days.

Insist upon frequent salt-water sponge-baths and have the patient spend as much time as possible in the open air, and instruct her in deep-breathing.

QUERY 6436.—"Anosmia; Post-Influenzal Otalgia." M. C. B., Nebraska, presents the following:

"(1) Man, twenty-two years old; has had nasal catarrh for several years, but not a severe form. His only trouble now is that he cannot smell anything, no matter how strong or disagreeable the odor may be. Patient is very anxious for relief.

"(2) How should one treat earache following influenza? I have used heat. Another doctor here uses ice or cold applications."

In the case of anosmia you describe, all treatment may prove unavailing. As you are aware, for the normal perception of odors, three facts are essential—first: the olfactory terminals and their nerve tracts must be normal; second: it must be possible for odoriferous particles to come in contact with the olfactory region of the nose (olfactory bulb, olfactory nerves, etc.); and third: the mucous membrane itself must be moist and in a healthy condition.

It is evident that interference with the sense of smell may be (a) respiratory, or (b) of an essential character. As one side of the nose is sufficient for the perception of odors, anosmia is seldom complained of unless the disease condition is bilateral.

By examination alone can we determine definitely whether the causative condition is respiratory or essential. There may be

a misdirection of the air-current, causing the air to be drawn along the floor of the nose instead of being sniffed up into the olfactory region. Or such access may be prevented by the presence of new-growths, rhinitis, suppuration of the parts, or obstruction or stenosis of the choanae.

There may be direct injury to the olfactory mucous membrane and nerve-endings, caused by rhinitis, atrophic rhinitis (probably in this case), ozena, or the prolonged use of so-called catarrh lotions containing carbolic acid, zinc or other astringents.

Essential anosmia is not particularly uncommon following influenza. It must then be regarded as a neuritis. The condition has also been found due to the excessive use of tobacco or inhalation of tobacco-dust, as in cigar-making, and also to malaria.

The prognosis is reasonably good if the anosmia is due to conditions mentioned in the respiratory group, and the sense of smell has been restored after a loss of forty years, when depending only upon nasal obstruction. Where there is damage to the olfactory nerves, or material injury to the olfactory mucous membrane, or prolonged rhinitis, ozena, etc., the outlook is not promising. It may be stated that the prognosis is worse the less evidence there is of a definite lesion to explain the loss of smell.

It is essential in all such cases that the patient be examined by a competent rhinologist.

Under certain circumstances, very bland alkaline douches may be given with advantage, and the use of the following snuff is to be recommended:

Strychnine sulphate.....	0.10
Pulv. iridis.....	0.50
Sugar of milk pulv.....	10.00

The arsenates of quinine and strychnine may be given internally for some time.

However, it is unwise to institute any medicinal treatment or make any promises to the patient until the exact condition of the parts has been definitely ascertained.

(2) Otalgia, following influenza, is apt to prove a very troublesome condition. Heat, however, is decidedly more useful in the majority of cases than cold, and the writer has derived most satisfactory results by instilling a few drops of atropine solution and, a few minutes later, applying the core of a baked or boiled onion,

as hot as possible, to the ear, covering with absorbent cotton and bandage.

In all these cases, sodium salicylate should be given internally and thorough elimination maintained. Not infrequently the intense pain may be relieved by the administration of two or three one-grain doses of phenacetin, i. e., one grain every thirty or sixty minutes, with a little hot water. Sodium or strontium salicylate may be given in 5-grain doses, three times daily for a few days.

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 QUERY 6437.—“Phenol in the Treatment of Hemorrhoids.” I. P. G., New Mexico, asks: “What information can you give me on the use of carbolic acid in the treatment of protruding piles?”

Carbolic acid has been used very extensively in the treatment of internal hemorrhoids, while, at the same time, its employment has been as vigorously condemned. Local applications of phenol are not desirable, although very dilute solutions or mild ointments serve to allay pruritus.

One of the most-widely used injection-fluids, especially for the eradication of single tumors, consists of: tannic acid, grs. 20; phenol, drs. 2; glycerin, drs. 2; water, drs. 4. This makes a 25-percent solution of phenol, which, plus the astringent tannin, quickly coagulates the blood when thrown into the pile. Indeed, it is so prompt in its solidification of the hemorrhoid that the puncture where the needle entered often remains open.

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 QUERY 6438.—“Cephalalgia of Obscure Origin.” W. E. D., Iowa, asks assistance in the case of a man, who is “in good health, excepting for attacks of a terrible headache, which occurs, sometimes, every few days or may omit for a month or two or even three months.” W. E. D. writes:

“I have tried nearly everything to relieve these attacks, but, nothing gives relief except a hypodermic of morphine and atropine. The pain is so severe the man has to go to bed. However, $\frac{1}{4}$ grain of morphine with 1-100 grain of atropine always ensures relief. He goes to sleep and the headache will disappear. His father used to have these same kind of attacks.

“The patient is now fifty years old and has suffered this since he was fifteen years of age. He is a man of good habits; smokes cigars, but, not to excess. His

bowels are regular. I have examined his urine several times when he had such an attack and almost always found it of high acidity; however, alkalis do not give relief. His temperature is normal, the pulse a little slower than normal. I have known him for now fifteen years. Have thought that it might be of luetic nature; however, he denies anything of the kind.”

Considering the report on the urine and the age of your patient, we certainly should definitely ascertain the man's blood pressure and should also place him upon a low-protein diet. As you will observe, from the chart, the urea output is insufficient; indican and skatol are present in moderate amounts, together with colon-bacilli, staphylococci, and a few streptococci; there also are present calcium-oxalate crystals in moderate amount, a few large hyaline casts and cylindroids, some renal cells, and pus.

We are inclined to believe that, under thorough elimination and proper dieting, most of the symptoms will disappear; still, in a case of this kind, it is essential that frequent urinary tests be made. Do not forget, either, the desirability of administering an appropriate vaccine. A Wassermann test might prove informative. What is the condition of this man's prostate?

On general principles, we should advise the administration, at night, of blue mass and soda, gr. 1-2; podophyllin, gr. 1-6; bilein, gr. 1-12; repeated every half hour for four doses, followed by magnesium sulphate or sodium phosphate the next morning. Midway between meals, we should give arbutin, with hexamethylenamine and acid sodium phosphate; after eating, some such combination as this: pancreatin, gr. 1-2; papain, gr. 1-2; diastase, gr. 1-2; bilein, gr. 1-32; strychnine sulphate, gr. 1-128; ginger, gr. 1-4; vegetable charcoal, grs. 2 1-2; sodium bicarbonate, gr. 1.

Coffee and tea should be interdicted, and the patient ordered to drink three pints of water during the day. The skin should be kept thoroughly active. It also would be an excellent plan to wash out the colon once or twice a week with saline solution at body-temperature. If possible, have the patient relinquish smoking.

It is unnecessary, we are sure, to call your attention to the desirability of having this man's eyes examined by a competent oculist. We certainly should not continue giving morphine.